

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007683

1. Entity Name

ST. MARY'S RIVER OPTIMIST CLUB OF NASSAU COUNTY, INC.

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90158 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

RT. 2 BOX 1441  
BRYCEVILLE FL 32009

P.O. BOX 1706  
CALLAHAN FL 32011

2. Principal Place of Business

2765 Old Baldwin RD

3. Mailing Address

PO Box 1706

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Callahan, FL

City & State

Callahan, FL

4. FEI Number

59-3649538

Applied For

Not Applicable

Zip

32011

Country

Zip

32011

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, TOM  
3547 VONTZ WAY  
CALLAHAN FL 32011

Name Carla Higginbotham

Street Address (P.O. Box Number is Not Acceptable)

2765 Old Baldwin RD.

City Callahan

FL

Zip Code 32011

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Carla Higginbotham* PRESIDENT

1-21-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, JIM	
STREET ADDRESS	RT. 2 BOX 1441	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HIGGINBOTHAM, CARLA	
STREET ADDRESS	2765 OLD BALDWIN RD.	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GEIGER, BARBARA	
STREET ADDRESS	4577 RATLIFF RD.	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, BETH	
STREET ADDRESS	3530 SNYDER ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Higginbotham, CARLA	
STREET ADDRESS	2765 Old Baldwin RD	
CITY-ST-ZIP	Callahan, FL 32011	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINDALL, EARLK.	
STREET ADDRESS	PO Box 361	
CITY-ST-ZIP	HILLIARD, FL 32046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crews Nancy L	
STREET ADDRESS	2971 Lee DR.	
CITY-ST-ZIP	Callahan, FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Carla Higginbotham* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02 904-879-6266

Date Daytime Phone #

CR2E037 (9/01)