

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-20-2002 90102 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N95000005677**

1. Entity Name  
**OPTIMIST INTERNATIONAL YOUTH PROGRAMS FOUNDATION, INC.**

Principal Place of Business      Mailing Address  
**4494 LINDELL BLVD.      4494 LINDELL BLVD.**  
**ST. LOUIS MO 63108      ST. LOUIS MO 63108**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**43-1733736**      Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP GARNER, ROBERT L 700 SUNSET DR CORAL GABLES FL 33143-6239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Jerry D. Henderson 1349M South Glenstone Springfield, MO 65804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADDISON, GARY W 2205 WEST CONCORD ROAD MUNCIE IN 47304-2125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Dr. Nancy E. Boyd 45 Morrison Chapel Road Cleveland MS 38732 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARRIS, DENARD H 209 ARENDELL STREET MOREHEAD CITY NC 28557 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Brian Clements 10301 Lynhurst Park Drive St. Thomas, ON N5P 2E5 CANADA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KONDRASUK, JAMES W 5001 TONYAWATHA TRAIL MADISON WI 53716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Gary Cross 1353 Lapchuk Crescent North Regina, SK S4X 4L4 CANADA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHRIVER, MARK IV 301 CREEKSTONE RIDGE WOODSTOCK GA 30188 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Paul Harbin 203 Sandringham Court Knoxville, TN 37922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GORE, LOGAN M III 4494 LINDELL BLVD ST. LOUIS MO 63108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lorne Nolan 292 Ducharme Blvd. Vanier, ON K1L 6T4 CANADA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 all other like empowered.

**SIGNATURE:** Logan M. Gore III      4/25/02 (314) 371-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)

Attachment  
RHN950003677  
R010602

DV  
Bruce Phillips, Jr., M.D.  
P. O. Box 86  
Elizabethtown, NC 28337

DV  
H. Nick Prillaman, Jr.  
651 East Paces Ferry Road, NE  
Atlanta, GA 30305

DV  
Stan Stewart  
1779 Mill Street  
Jasper, IN 47546-9401

DV  
Norman D. Teltow  
1541 Chambers Road  
Aurora, CO 80011

DV  
Ronald L. Whitaker  
3809 West Vandalia  
Broken Arrow, OK 74012