

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90130 046 ****61.25

0084755

DOCUMENT # N27098

1. Entity Name

EXXONMOBIL RETIREE CLUB OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

**179 PURUS STREET
 PUNTA GORDA FL 33983
 US**

Mailing Address

**179 PURUS STREET
 PUNTA GORDA FL 33983
 US**

2. Principal Place of Business

3213 GOLFSIDE DRIVE

3. Mailing Address

3213 GOLFSIDE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0133137

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

34110

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DICKINSON, ROBERT M
 179 PURUS STREET
 PUNTA GORDA FL 33983**

7. Name and Address of New Registered Agent

Name **NUBER, KENNETH J.**

Street Address (P.O. Box Number is Not Acceptable)
3213 GOLFSIDE DRIVE

City **NAPLES**

FL

Zip Code **34110**

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

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

PRESIDENT

Feb 21, 2002

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, EDWARD	
STREET ADDRESS	13411 BRIDGEFORD AVE	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DICKINSON, ROBERT	
STREET ADDRESS	179 PURUS STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, HENRY	
STREET ADDRESS	2854 SANCHO PANZA CT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAMBERT, DOROTHY	
STREET ADDRESS	140 LAS PALMAS	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARMODY, THOMAS	
STREET ADDRESS	5371 COLONADE CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAMMERBACHER, JOHN A J	
STREET ADDRESS	1629 SUZI STREET	
CITY-ST-ZIP	PUNTA GORDA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUBER, KENNETH J.	
STREET ADDRESS	3213 GOLFSIDE DRIVE	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, ROBERT M	
STREET ADDRESS	179 PURUS STREET	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALIFANO, PAULINE	
STREET ADDRESS	4525 COUNTRY CLUB BLVD - UNIT 108	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSH, ARLENE	
STREET ADDRESS	383 HARBOR DR. APT 109	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULL, WALLACE K.	
STREET ADDRESS	23740 EDDYSTONE RD # 103	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, C. ROBERT	
STREET ADDRESS	20231 CALICE CT # 2704	
CITY-ST-ZIP	ESTERO FL 33928	

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:

Kenneth J. Nuber
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH J. NUBER

DATE

2/21/02

DAYTIME PHONE #

941-591-2471

CR2E037 (9/01)