

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90048 022 ****61.25

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DOCUMENT # N28626

1. Entity Name

EXXON ANNUITANTS CLUB OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**ROBERT HACKETT
 16600 SW 82ND AVE
 MIAMI FL 33157
 US**

**ROBERT HACKETT
 16600 SW 82ND AVE
 MIAMI FL 33157
 US**

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

65-0106043

Applied For

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

**HACKETT, ROBERT
 16600 SW 82ND AVE
 MIAMI FL 33157**

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

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	P	<input type="checkbox"/> Delete
NAME	MCCANN, PETER	
STREET ADDRESS	5820 SW 87TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARTOLOMEU, SARAH	
STREET ADDRESS	8220 SW 89TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENAUD, AL	
STREET ADDRESS	7965 S.W. 165TH STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIACH, JAMES	
STREET ADDRESS	11325 SW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input type="checkbox"/> Delete
NAME	HACKETT, ROBERT	
STREET ADDRESS	16600 SW 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LLERA, MARIA	
STREET ADDRESS	4401 ANDERSON RD	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH MARLANE	
STREET ADDRESS	5876 SW 77 TERRACE	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD ABREU	
STREET ADDRESS	610 JERONIMO DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA SEYKORA	
STREET ADDRESS	14700 SW 83 PLACE	
CITY-ST-ZIP	MIAMI, FL. 33158	

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: R. HACKETT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 4 2002
 Date

305-238-5172
 Daytime Phone #

CR2E037 (9/01)