

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35242

1. Entity Name

EXXON ANNUITANTS CLUB OF NORTHEAST FLORIDA, INC.

Principal Place of Business

4003 CATTAIL POND DR
JACKSONVILLE FL 32224
US

Mailing Address

4003 CATTAIL POND DR
JACKSONVILLE FL 32224
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

59-2933127

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

ERDLITZ, ROBERT
7925 MERRILL ROAD APT 2815
JACKSONVILLE FL 32277

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 ☐ Delete
NAME PRALL, DONA M
STREET ADDRESS 4003 CATTAIL POND DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ERDLITZ, ROBERT E
STREET ADDRESS 7925 MERRILL ROAD APT 2815
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HANNA, ROBERT C JR
STREET ADDRESS 2629 LIGHTHOUSE COVE PLACE
CITY-ST-ZIP POINTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME COOPER, WILLIAM
STREET ADDRESS 10321 N HEATHER GLEN DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME DESNOYERS, GASTON
STREET ADDRESS 7 CAPRI CT
CITY-ST-ZIP PALM COAST FL 32137

TITLE VD ☐ Change ☒ Addition
NAME HORACE G. PRALL
STREET ADDRESS 4003 CATTAIL POND DR.
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VD ☒ Delete
NAME GETSON, EUGENE M
STREET ADDRESS 1205 CUNNINGHAM CREEK DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE VD ☐ Change ☒ Addition
NAME KATHLEEN DAVITT
STREET ADDRESS 4561 COQUINA CROSSING DR.
CITY-ST-ZIP ELKTON, FL 32033

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: DONA M. PRALL DONA M. PRALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

904-992-9067

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE