

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90217 006 ****61.25

DOCUMENT # N28626

1. Entity Name
EXXONMOBIL RETIREES CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business

ROBERT HACKETT
16600 SW 82ND AVE
MIAMI FL 33157
US

Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HACKETT, ROBERT
16600 SW 82ND AVE
MIAMI FL 33157

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **MCCANN, PETER**
STREET ADDRESS **5820 SW 87TH STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VP** ☐ Delete
NAME **BARTOLOMEU, SARAH**
STREET ADDRESS **8220 SW 89TH STREET**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☒ Delete
NAME **RENAUD, AL**
STREET ADDRESS **7965 S.W. 165TH STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ Delete
NAME **RIACH, JAMES**
STREET ADDRESS **11325 SW 72ND AVE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **T** ☐ Delete
NAME **HACKETT, ROBERT**
STREET ADDRESS **16600 SW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **MARLANE, ELIZABETH**
STREET ADDRESS **5876 SW 77 TERR.**
CITY-ST-ZIP **MIAMI FL 33143**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **JOHN PRAT**
STREET ADDRESS **5561 SW 7TH ST**
CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE **D** ☐ Change ☒ Addition
NAME **FRED GONZAGA**
STREET ADDRESS **15440 SW 80 AVE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Change ☒ Addition
NAME **VIVIAN BRUNAR**
STREET ADDRESS **7090 SW 55TH TERRACE WEST**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Change ☒ Addition
NAME **JORGE MUALLE**
STREET ADDRESS **155 OCEAN LAKE DR #215**
CITY-ST-ZIP **KAY BISCAYNE FL 33149**

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

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:

ROBERT HACKETT

2-17-03 305-238-5172

CR2E037 (10/02)