

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90035 043 \*\*\*\*70.00

**DOCUMENT # N17469**

1. Entity Name

**EXXON ANNUITANT CLUB OF SARASOTA-MANATEE COUNTIE**

Principal Place of Business

Mailing Address

C/O STANLEY M ROBERTSON, II  
 7187 DEL LAGO DRIVE  
 SARASOTA FL 34238-4524  
 US

C/O STANLEY M ROBERTSON, II  
 7187 DEL LAGO DRIVE  
 SARASOTA FL 34238-4524  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2190021**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROBERTSON, STANLEY M., II**  
**7187 DEL LAGO DRIVE**  
**SARASOTA FL 34238**

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 **STD** ☐ Delete  
 NAME **REITTER, FREDERICK J.**  
 STREET ADDRESS **1652 VALLEY DR**  
 CITY-ST-ZIP **VENICE FL**

TITLE **TD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **WILLIAM, GARRY T**  
 STREET ADDRESS **5215 INVERNESS DRIVE**  
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☐ Delete  
 NAME **CROWELL LOIS, A**  
 STREET ADDRESS **223 BIMINI DR**  
 CITY-ST-ZIP **PALMETTO FL**

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

TITLE **VD** ☐ Delete  
 NAME **EDELMAN, ALLAN**  
 STREET ADDRESS **7115 MARSTON CT**  
 CITY-ST-ZIP **UNIVERSITY PARK FL**

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

TITLE **SD** ☐ Delete  
 NAME **BAISLEY, CHARLES W**  
 STREET ADDRESS **4708 OCEAN BLVD E-9**  
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☐ Delete  
 NAME **QUINTON, JOSEPH J**  
 STREET ADDRESS **4053 PENHURST PARK**  
 CITY-ST-ZIP **SARASOTA FL**

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:

**SIGNATURE REQUIRED**

**APRIL 11, 2000**

**(941) 387-0493**

Attachment  
D# N17469  
717308

EXXON ANNUITANT CLUB OF SARASOTA-MANATEE COUNTIES, INC.

ADDITIONAL DIRECTORS

COL 12	COL 13
D BAISLEY, JANE 4708 OCEAN BLVD E-9 SARASOTA FL 34242	
D GOREE, ROBERT C. 3431 WINDING OAKS DRIVE LONGBOAT KEY, FL 34228	PD CHANGE <input checked="" type="checkbox"/>
D HAESSNER, PATRICIA J. 1100 BAYSHORE DRIVE TERRA CEIA FL 34250	