

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17469

1. Entity Name

EXXON ANNUITANT CLUB OF SARASOTA-MANATEE COUNTIE

FILED

Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 90048 001 \*\*\*\*70.00

|  |  |
|--|--|
| Principal Place of Business  | Mailing Address  |
| C/O STANLEY M ROBERTSON, II<br>7187 DEL LAGO DRIVE<br>SARASOTA FL 34238-4524<br>US | C/O STANLEY M ROBERTSON, II<br>7187 DEL LAGO DRIVE<br>SARASOTA FL 34238-4524<br>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 | Applied For    |
| 59-2190021    | Not Applicable |

|                                     |                                |
|-------------------------------------|--------------------------------|
| 5. Certificate of Status Desired    | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/> |                                |

|   |
|---|
| 6. Name and Address of Current Registered Agent                       |
| ROBERTSON, STANLEY M., II<br>7187 DEL LAGO DRIVE<br>SARASOTA FL 34238 |

|  |
|--|
| 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.

|           |   |  |      |
|-----------|---|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|--|------|

|                             |   |                                |  |
|-----------------------------|---|--------------------------------|--|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>REITTER, FREDERICK J.<br>1652 VALLEY DR<br>VENICE FL <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILLIAM, GARRY T<br>5215 INVERNESS DRIVE<br>SARASOTA FL <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CROWELL LOIS, A<br>223 BIMINI DR<br>PALMETTO FL <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>EDELMAN, ALLAN<br>7115 MARSTON CT<br>UNIVERSITY PARK FL <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BAISLEY, CHARLES W<br>4708 OCEAN BLVD E-9<br>SARASOTA FL <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>QUINTON, JOSEPH J<br>4053 PENHURST PARK<br>SARASOTA FL <input checked="" type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>34292   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>GOREE, ROBERT C<br>3431 WINDING OAKS DRIVE<br>LONG BOAT KEY FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>34221   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>34201  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>34242   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>MARINO, ELEANOR<br>4834 HAWKSHED PARK<br>SARASOTA FL 34241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |

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: <i>Allan Edelman</i>                                    | ALLAN EDELMAN | 2/20/01 | 741 359 3037    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |               | Date    | Daytime Phone # |

CR2E037 (10/00)

Attachment Sheets  
#N17469 / D0021000

EXXON ANNUITANT CLUB OF SARASOTA-MANATEE COUNTIES, INC.

ADDITIONAL DIRECTORS

| COL 12  | COL 13 |
|---|--------|
| D<br>BAISLEY, JANE<br>4708 OCEAN BLVD E-9<br>SARASOTA FL 34242              |        |
| D<br>JORGENSEN, EDWARD<br>8343 WHISPERING WOOD COURT<br>BRADENTON, FL 34202 |        |