

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25051

1. Entity Name

EXXON ANNUITANT CLUB OF THE GOLD COAST, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90086 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3821 NE 17TH AVE  
FT. LAUDERDALE FL 33334  
US

3821 NE 17TH AVE  
FORT LAUDERDALE FL 33334-5417  
US

2. Principal Place of Business

3. Mailing Address

2895 NE 32nd ST

2895 NE 32nd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 204

# 204

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33304

Country

Broward

Zip

33304

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2352193

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

DUNN, FRANK J.  
3821 NE 77TH AVE  
FT. LAUDERDALE FL 33334

Name

FRANK J DUNN

Street Address (P.O. Box Number is Not Acceptable)

2895 NE 32nd ST

# 204

City

Fort Lauderdale

FLA

Zip Code

33304

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

*Frank J. Dunn*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-00

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	DUNN, FRANK	
STREET ADDRESS	3821 NE 17TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GEMMELL, THOMAS	
STREET ADDRESS	3198 NE 7TH DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, ELEANOR	
STREET ADDRESS	401 SW 7TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, KATHLEEN	
STREET ADDRESS	5120 NESTING WAY	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMES, JOANETTE	
STREET ADDRESS	1015 NW 6TH TERR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABBATELLO, MARY	
STREET ADDRESS	2006 HYTHEA CENTERVILLAGE	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	Pres FRANK J DUNN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2895 NE 32nd ST # 204	
STREET ADDRESS	FORT LAUD FL	
CITY-ST-ZIP	33304	
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		<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		

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:

*Frank J. Dunn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E(37) (9/99)