

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90034 002 ****61.25

DOCUMENT # N25051

1. Entity Name

EXXON ANNUITANT CLUB OF THE GOLD COAST, INC.

Principal Place of Business

Mailing Address

2895 NE 32ND ST
 204
 FORT LAUDERDALE FL 33306
 US

2895 NE 32ND ST
 204
 FORT LAUDERDALE FL 33306
 US

00031049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2895 NE 32nd ST

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

Same

City & State

Fort Lauderdale FL

City & State

Same

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

Name

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

DUNN, FRANK J.
 2895 NE 32ND ST
 204
 FORT LAUDERDALE FL 33306

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	<input type="checkbox"/> Delete
NAME	DUNN, FRANK	
STREET ADDRESS	2895 NE 32ND ST 204	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	VP	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank J. Dunn	
STREET ADDRESS	2895 NE 32nd St	
CITY-ST-ZIP	Fort Lauderdale FL 33306	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McKENNEY, Michael	
STREET ADDRESS	12301 NW Sandwedge Dr	
CITY-ST-ZIP	Boynton Beach FL 33307	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, Eleanor	
STREET ADDRESS	401 SW 7th Ave	
CITY-ST-ZIP	Boca Raton FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Gibson	
STREET ADDRESS	5120 Nesting Way	
CITY-ST-ZIP	Delray Beach FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holmes, Jeanette	
STREET ADDRESS	1015 NW 6th Terr	
CITY-ST-ZIP	Boca Raton FL	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abbattello, Mary	
STREET ADDRESS	2006 Hythea Centerville	
CITY-ST-ZIP	Boca Raton FL	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)