

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25051

1. Entity Name

EXXON ANNUITANT CLUB OF THE GOLD COAST, INC.

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90142 013 ****61.28

Principal Place of Business

895 NE 32ND ST
FORT LAUDERDALE FL 33306

Mailing Address

2895 NE 32ND ST
204
FORT LAUDERDALE FL 33306
US

2. Principal Place of Business

3. Mailing Address

2895 NE 32nd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Laud FL

Zip

Country

Zip

Country

33306

USA

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.
2895 NE 32ND ST
204
FORT LAUDERDALE FL 33306

Name

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

City

FL

Zip Code

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

0. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME DUNN, FRANK
STREET ADDRESS 2895 NE 82ND ST
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MCENERNEY, MICHAEL
STREET ADDRESS 12301 NE SANDWEDGE DR
CITY-ST-ZIP BOYTON BEACH FL 33307

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME POWERS, ELEANOR
STREET ADDRESS 401 SW 7TH AVE
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GIBSON, KATHLEEN
STREET ADDRESS 5120 NESTING WAY
CITY-ST-ZIP DELRAY BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HOLMES, JOANETTE
STREET ADDRESS 1015 NW 6TH TERR
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME ABBATIello, MARY
STREET ADDRESS 2006 HYTHEA CENTERVILLAGE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2. 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 (9/01)