

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90074 044 ****61.25

DOCUMENT # N26150

1. Entity Name

EXXON ANNUITANTS CLUB OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

4943 MAGNOLIA AVE
P O BOX 123
GOLDENROD FL 32733
US

P O BOX 123
4943 MAGNOLIA AVE
GOLDENROD FL 32733-0123
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

59-2226547

Applied For

Not Applied

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

TICE, RICHARD H
2206 OAKVIEW CIRCLE
P O BOX 123
ST CLOUD FL 34769

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 ☐ Delete
NAME **DP**
STREET ADDRESS **ROTH, VIRGINIA**
CITY-ST-ZIP **PO BOX 123 N/A**
GOLDENROD FL

TITLE ☐ Change ☐
NAME **WILFORD W FRASER**
STREET ADDRESS **305 RIVERGEND BLVD**
CITY-ST-ZIP **LONGWOOD FL 32779-230**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **HARRINGTON, JAMES W.**
CITY-ST-ZIP **435 CATAMARAN DR. UNIT 59**
MERRITT ISLAND FL

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **GURSKY, BART K**
CITY-ST-ZIP **2410 ORCHARD DR**
APOPKA FL 32712

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **TICE, RICHARD H**
CITY-ST-ZIP **2206 OAKVIEW CIRCLE**
ST CLOUD FL

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NOSTRAND, VIVIAN S**
CITY-ST-ZIP **101 N GRANDVIEW STREET- ATP 110**
MOUNT DORA FL

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DOUGLAS, PATRICA W.**
CITY-ST-ZIP **140 SPRING COVE TRAIL**
ALTAMONTE SPRINGS FL

TITLE ☐ Change ☐
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILFORD W FRASER **WILFORD W FRASER** 2/4/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #