

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26150

1. Entity Name

EXXONMOBIL RETIREE CLUB OF CENTRAL FLORIDA INC.

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90058 032 ****61.25

Principal Place of Business

Mailing Address

4943 MAGNOLIA AVE
P O BOX 123
GOLDENROD FL 32733
US

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P O BOX 123
GOLDENROD FL 32733
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 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

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

TITLE ☐ Change ☒ Addition
NAME WILFORD W FRASER
STREET ADDRESS 305 RIVER BEND BLVD
CITY-ST-ZIP LONGWOOD FL 32779-2307

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILFORD W FRASER Feb 9/02 -1007 407-788

CR2E037 (9/01)