

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90076 021 ****61.25

DOCUMENT # N26150

1. Entity Name

EXXONMOBIL RETIREE CLUB OF CENTRAL FLORIDA INC.



Principal Place of Business

**4943 MAGNOLIA AVE
P O BOX 123
GOLDENROD FL 32733
US**

Mailing Address

**4943 MAGNOLIA AVE
P O BOX 123
GOLDENROD FL 32733
US**

2. Principal Place of Business

305 RIVERBEND BLVD

Suite, Apt. #, etc.

3. Mailing Address

305 RIVERBEND BLVD

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
LONGWOOD FL

City & State
LONGWOOD FL

4. FEI Number **59-2226547**

Applied For
☐ Not Applicable

Zip
32779-2307

Country
U.S.A.

Zip
32779-2307

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROTH, VIRGINIA	
STREET ADDRESS	PO BOX 123 N/A	
CITY-ST-ZIP	GOLDENROD FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARRINGTON, JAMES W.	
STREET ADDRESS	435 CATAMARAN DR. UNIT 59	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRASER, WILFORD W	
STREET ADDRESS	305 RIVERBEND BLVD.	
CITY-ST-ZIP	LONGWOOD FL 32779-2307	
TITLE	P	<input type="checkbox"/> Delete
NAME	TICE, RICHARD H	
STREET ADDRESS	2206 OAKVIEW CIRCLE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOSTRAND, VIVIAN S	
STREET ADDRESS	101 N GRANDVIEW STREET- ATP 110	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, PATRICA W.	
STREET ADDRESS	140 SPRING COVE TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSEN ROAD	
STREET ADDRESS	3184 CALGARY ST	
CITY-ST-ZIP	MELBOURNE FL 32935	
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILFORD W FRASER** 1/24/03 407-188-1007

CR2E037 (10/02)