

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27098

1. Entity Name

EXXON ANNUITANTS CLUB OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

179 PURUS STREET  
PUNTA GORDA FL 33983  
US

Mailing Address

179 PURUS STREET  
PUNTA GORDA FL 33983  
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

65-0133137

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

DICKINSON, ROBERT M  
179 PURUS STREET  
PUNTA GORDA FL 33983

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 D ☐ Delete  
NAME HIGGINS, EDWARD  
STREET ADDRESS 13411 BRIDGEMORE AVE  
CITY-ST-ZIP BONITA SPRGS FL

TITLE VO ☐ Change ☒ Addition  
NAME NUBER, KENNETH  
STREET ADDRESS 3213 COLPSIDE  
CITY-ST-ZIP NAPLES, FL 34110

TITLE PD ☐ Delete  
NAME DICKINSON, ROBERT  
STREET ADDRESS 179 PURUS STREET  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ Change ☒ Addition  
NAME THOMAS, C. ROBERT  
STREET ADDRESS 25141 PENNYROYAL DRIVE  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D ☐ Delete  
NAME LANG, HENRY  
STREET ADDRESS 2854 SANCHO PANZA CT  
CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☐ Change ☒ Addition  
NAME CALIFANO, PAULINE  
STREET ADDRESS 4525 COUNTRY CLUB BLVD UNIT 108  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE SD ☐ Delete  
NAME LAMBERT, DOROTHY  
STREET ADDRESS 140 LAS PALMAS  
CITY-ST-ZIP N FT MYERS FL

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

TITLE D ☐ Delete  
NAME CARMODY, THOMAS  
STREET ADDRESS 5371 COLONADE CT  
CITY-ST-ZIP CAPE CORAL FL

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

TITLE TD ☐ Delete  
NAME HAMMERBACHER, JOHN A J  
STREET ADDRESS 1629 SUZI STREET  
CITY-ST-ZIP PUNTA GORDA 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:

Robert M. Dickinson 02/08/01 (41) 639-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)