

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28626

1. Entity Name

EXXON ANNUITANTS CLUB OF SOUTH FLORIDA, INC.

**FILED**  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90901 010 \*\*\*\*61.25

Principal Place of Business

S BARTOLOMEO  
8220 SW 89TH ST  
MIAMI F: 33156  
US

Mailing Address

S BARTOLOMEO  
8220 SW 89TH ST  
MIAMI FL 33156-7332  
US

2. Principal Place of Business

ROBERT HACKETT

Suite, Apt. #, etc.

16600 SW 82ND AVE

City & State

MIAMI FLORIDA

Zip

33157

Country

USA

3. Mailing Address

ROBERT HACKETT

Suite, Apt. #, etc.

16600 SW 82ND AVE

City & State

MIAMI FLORIDA

Zip

33157

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0106043

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ISABEL P.  
525 VILLABELLA AVE  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

ROBERT HACKETT

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

16600 SW 82ND AVE

City

MIAMI

FL

Zip Code

33157

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]* TREASURER

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2000

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

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | P                             | <input type="checkbox"/> Delete            |
| NAME           | PEET, JOHN R                  |  |
| STREET ADDRESS | 653 RIVIERA ISLE              |  |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33301      |  |
| TITLE          | VP                            | <input type="checkbox"/> Delete            |
| NAME           | DIEGO, VICENTE I              |  |
| STREET ADDRESS | 6841 S.W. 147 AVENUE, APT. 3H |  |
| CITY-ST-ZIP    | MIAMI FL 33193                |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | RENAUD, AL                    |  |
| STREET ADDRESS | 7965 S.W. 165TH STREET        |  |
| CITY-ST-ZIP    | MIAMI FL 33157                |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | DELAMATA, FELIX               |  |
| STREET ADDRESS | 8625 S W 147TH STREET         |  |
| CITY-ST-ZIP    | MIAMI FL                      |  |
| TITLE          | T                             | <input checked="" type="checkbox"/> Delete |
| NAME           | MCCORMICK, RICARDO            |  |
| STREET ADDRESS | 5830 S.W. 86TH STRET          |  |
| CITY-ST-ZIP    | MIAMI FL 33143                |  |
| TITLE          | <del>T</del>                  | <input type="checkbox"/> Delete            |
| NAME           | <del>ROBERT HACH</del>        |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| 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          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JAMES RIACH           |  |
| STREET ADDRESS | 11325 SW 72ND AVE     |  |
| CITY-ST-ZIP    | MIAMI FL 33156        |  |
| TITLE          | T                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ROBERT HACKETT        |  |
| STREET ADDRESS | 16600 SW 82ND AVE     |  |
| CITY-ST-ZIP    | MIAMI FL 33157        |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MARIA LLERA           |  |
| STREET ADDRESS | 4401 ANDERSON RD      |  |
| CITY-ST-ZIP    | CORAL GABLES FL 33134 |  |

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]* ROBERT HACKETT TREASURER

DATE

Daytime Phone #

4/28/2000

305-238-5172

CR2E037 (9/99)