

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90013 046 ****61.25

DOCUMENT # N32096

1. Entity Name

EXXON ANNUITANTS CLUB TAMPA BAY AREA, INC.

Principal Place of Business

C/O DONALD HARRINGTON
1290 GULF BLVD. APT. 1702
CLEARWATER FL 33767
US

Mailing Address

1290 GULF BLVD.
APT. 1702
CLEARWATER FL 33767
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

59-2965685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRINGTON, DONALD J.
1290 GULF BLVD., APT. 1702
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name **ALFRED SPILLETT**

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

1809 REDCOAT LN

CLEARWATER

City

FL

Zip Code

33764

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

TITLE **DV** ☒ Delete
NAME **KEATOR, CHARLES**
STREET ADDRESS **6650 SUNSET WAY #215**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**

TITLE **DS** ☒ Delete
NAME **SPILLETT, ALFRED**
STREET ADDRESS **1809 REDCOAT LN**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **DT** ☒ Delete
NAME **HARRINGTON, DONALD J.**
STREET ADDRESS **1290 GULF BLVD., APT. 1702**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **DP** ☒ Delete
NAME **CARSON, BARBARA**
STREET ADDRESS **5324 MERKIN PLACE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition
NAME **YOUNG STANLEY**
STREET ADDRESS **5810 BIRCH WAY**
CITY-ST-ZIP **ST PETERSBURG BEACH FL 33706**

TITLE **DS** ☐ Change ☒ Addition
NAME **SPILLETT, GLADYS**
STREET ADDRESS **1809 REDCOAT LN**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **DT** ☐ Change ☒ Addition
NAME **SPILLETT, ALFRED**
STREET ADDRESS **1809 REDCOAT LN**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **DV** ☐ Change ☒ Addition
NAME **ALICE KEATOR**
STREET ADDRESS **6650 SUNSET WAY #215**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**

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

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:

ALFRED SPILLETT

2/12/01

727-535-6127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)