

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32096

1. Entity Name

EXXONMOBIL TAMPA BAY RETIREES CLUB, 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

SPILLETT, ALFRED
1809 REDCOAT LANE
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name ALFRED SPILLETT

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

1809 REDCOAT LN

City

CLEARWATER

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 ALFRED SPILLETT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/02

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 DP
NAME YOUNG, STANLEY
STREET ADDRESS 5810 BIMINI WAY
CITY-ST-ZIP SAINT PETERSBURG FL 33706

☐ Delete

TITLE DS
NAME SPILLETT, GLADYS
STREET ADDRESS 1809 REDCOAT LN
CITY-ST-ZIP CLEARWATER FL 33764

☐ Delete

TITLE DT
NAME SPILLETT, ALFRED
STREET ADDRESS 1809 REDCOAT LANE
CITY-ST-ZIP CLEARWATER FL 33764

☐ Delete

TITLE DV
NAME KEATOR, ALICE
STREET ADDRESS 6650 SUNSET WAY #215
CITY-ST-ZIP SAINT PETERSBURG FL 33706

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 2/7/02 727 535 6127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90009 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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