

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90249 029 \*\*\*\*61.25

**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  
**c/o Erwin P Geiger**  
Suite, Apt. #, etc.

3. Mailing Address  
**3577 Indigo Pond Dr.**  
Suite, Apt. #, etc.

City & State  
**Palm Harbor, Florida**

City & State  
**Palm Harbor, Florida**

Zip  
**34685**

Country  
**[Pinellas]**

Zip  
**34685**

Country  
**[Pinellas]**

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  
**Erwin P. Geiger**  
Street Address (P.O. Box Number is Not Acceptable)  
**3577 Indigo Pond Dr.**  
**Palm Harbor, Fl 34685**  
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 **Erwin P. Geiger, Treasurer**

**February 8, 2003**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP YOUNG, STANLEY 5810 BIMINI WAY SAINT PETERSBURG FL 33706</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SPILLETT, GLADYS 1809 REDCOAT LN CLEARWATER FL 33764</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SPILLETT, ALFRED 1809 REDCOAT LANE CLEARWATER FL 33764</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV KEATOR, ALICE 6650 SUNSET WAY #215 SAINT PETERSBURG FL 33708</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS Sophia U. Baluc 1099 McMullen Booth Rd, Apt 813 Clearwater, Fl 33759</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT Erwin P. Geiger 3577 Indigo Pond Dr. Palm Harbor Fl, 34685</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED ERWIN P. GEIGER 2/10/03 (727) 787-4274**

CR2E037 (10/02)