

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000861

1. Entity Name

TREASURE COAST EXXON ANNUITANT CLUB, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90068 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2480 SW BROOKWOOD LANE  
PALM CITY FL 34990

2480 SW BROOKWOOD LANE  
PALM CITY FL 34990-4751

2. Principal Place of Business

2480 SW Brookwood Ln

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

34990

USA

4. FEI Number

65-0767297

Applied For

Not Applicable

5. Certificate of Status Desired ☐ No

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MALONEY, MARY M  
2480 SW BROOKWOOD LANE  
PALM CITY FL 34990

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 P ☐ Delete  
NAME MALONEY, MARY M  
STREET ADDRESS 2480 SW BROOKWOOD LANE  
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE VP ☐ Delete  
NAME MALONEY, JAMES S  
STREET ADDRESS 2480 SW BROOKWOOD LANE  
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE S ☐ Delete  
NAME THOMAS, RUSS  
STREET ADDRESS 954 NW SPRUCE RIDGE DR. C3  
CITY-ST-ZIP STUART FL 34994

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

TITLE T ☐ Delete  
NAME LAMBERT, IRENE  
STREET ADDRESS 178 W. CARRIBBEAN  
CITY-ST-ZIP PORT ST. CLOUD FL 34952

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

TITLE D ☐ Delete  
NAME BETSCH, JOAN  
STREET ADDRESS 6024 TRAVELERS WAY  
CITY-ST-ZIP FORT PIERCE FL 34952

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

TITLE D ☐ Delete  
NAME COATS, GEORGE  
STREET ADDRESS 8534 SE BANYON TREE ST  
CITY-ST-ZIP HOBE SOUND FL 33455

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:

MARY M MALONEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)  
Jan 26 2000 220-3457

CR2E037 (9/99)