

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90138 041 ****61.25

DOCUMENT # N98000000861

1. Entity Name

TREASURE COAST EXXON ANNUITANT CLUB, INC.

Principal Place of Business

2480 SW BROOKWOOD LANE
PALM CITY FL 34990
US

Mailing Address

2480 SW BROOKWOOD LANE
PALM CITY FL 34990

2. Principal Place of Business

1520 Smugglers Cove

Suite, Apt. #, etc.

City & State

Vero Beach FL 32963

Zip

32963

Country

USA

3. Mailing Address

c/o H Brozowski

1520 Smugglers Cove

City & State

Vero Beach FL

Zip

32963

Country

USA

4. FEI Number

65-0767297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Henry Brozowski

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

1520 Smugglers Cove

City

Vero Beach

FL

Zip Code

32963

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

2/14/01

Henry Brozowski, President

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME Henry Brozowski
STREET ADDRESS 1520 Smugglers Way
CITY-ST-ZIP Vero Beach FL 32963

TITLE VP ☒ Change ☐ Addition
NAME Florence Paskell
STREET ADDRESS 6781 SE Amyris Court
CITY-ST-ZIP Stuart FL 34997

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

TITLE T ☒ Change ☐ Addition
NAME Lillian Rimmer
STREET ADDRESS 922 Sandalwood Place
CITY-ST-ZIP Jensen Beach FL 34957

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/01

Daytime Phone #

561 234 8674

CR2E037 (10/00)