

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90140 001 ****61.25

DOCUMENT # N98000000861

1. Entity Name

EXXONMOBIL TREASURE COAST RETIREES CLUB, INC.



Principal Place of Business

**1520 SMUGGLERS COVE
VERO BEACH FL 32963
US**

Mailing Address

**1520 SMUGGLERS COVE
C/O H BROZOWSKI
VERO BEACH FL 32963
US**

2. Principal Place of Business

**2221 SW STARLING DR.
Suite, Apt. #, etc.**

3. Mailing Address

**2221 SW STARLING DR.
Suite, Apt. #, etc.**

City & State

PALM CITY, FL

City & State

PALM CITY, FL

Zip

34990

Country

USA

Zip

34990

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

**BROZOWSKI, HENRY
1520 SMUGGLERS COVE
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name **ARTHUR W. KEHLHORN**

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

2221 SW STARLING DR.

City

PALM CITY

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Arthur W. Kehlhorn**

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

(NOTE: Registered Agent signature required when reinstating)

JAN. 30, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROZOWSKI, HENRY	
STREET ADDRESS	1520 SMUGGLERS WAY	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PASKELL, FLORENCE	
STREET ADDRESS	6781 SE AMYRIS COURT	
CITY-ST-ZIP	STUART FL 34997	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAMILTON, SNOW	
STREET ADDRESS	338 E ERIE DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34986	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RIMMER, LILLIAN	
STREET ADDRESS	922 SANDALWOOD PLACE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETSCH, JOAN	
STREET ADDRESS	313 NW ALANA AVENUE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITHERS, HENRY	
STREET ADDRESS	5207 SE SEA ISLAND WAY	
CITY-ST-ZIP	STUART FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR W. KEHLHORN	
STREET ADDRESS	2221 SW STARLING DR.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR H. SCHNEIDERMAN	
STREET ADDRESS	145 NE EDGEWATER DR. #4307	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARION MALONE	
STREET ADDRESS	2480 SW BROOKWOOD LAKE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETE FORREST	
STREET ADDRESS	676 SW LAKE CHARLES CIRCLE	
CITY-ST-ZIP	FORT ST. LUCIE, FL 34986	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 30, 2003 772-781-3450