

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 423790

1. Entity Name

ROBERTS SAND COMPANY, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90300 021 ***150.00

Principal Place of Business

1712 SILVER LAKE RD.
TALLAHASSEE FL 32310
US

Mailing Address

1712 SILVER LAKE RD.
TALLAHASSEE FL 32310
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 59-1454416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUTIER, RUSSELL D
2010 DELTA BLVD
TALLAHASSEE FL 32303

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROBERTS, MICHAEL W.
STREET ADDRESS 3038 W LAKESHORE DR
CITY-STATE-ZIP TALLAHASSEE FL 32312 ☐ Delete

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

TITLE ST
NAME CURLEE, DIANE M
STREET ADDRESS 8 SAN MARCOS DR
CITY-STATE-ZIP CRAWFORDVILLE FL ☐ Delete

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

TITLE V
NAME BRITTON, DARWIN LYLE
STREET ADDRESS BRITTON RD, TWIN LAKES
CITY-STATE-ZIP PANACEA FL ☒ Delete

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

TITLE D
NAME COCCIOLOONE, KATHY L
STREET ADDRESS 906 32ND STREET COURT EAST
CITY-STATE-ZIP BRADENTON FL 34208 ☐ Delete

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

TITLE D
NAME FRANCIS, BRENDA R.
STREET ADDRESS 215 MEADOW RIDGE DRIVE
CITY-STATE-ZIP TALLAHASSEE FL 32312 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diane M. Curlee DIANE M. CURLEE

4/16/01

850-576-3610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)