

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90114 039 ***150.00

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1. Entity Name
ROBERTS RESORT PROPERTIES OF FLORIDA, INC.



Principal Place of Business

**3664 DAUPHIN STREET
MOBILE AL 36608**

Mailing Address

**P.O. BOX 6217
MOBILE AL 36680**

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

63-1035638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C.T. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CV** ☐ Delete
NAME **ROBERTS, DAVID D JR.**
STREET ADDRESS **4412 WINDING WAY**
CITY-ST-ZIP **MOBILE AL 36693**

TITLE **DV** ☐ Delete
NAME **ROBERTS, JOHN A JR.**
STREET ADDRESS **32872 RIVER ROAD**
CITY-ST-ZIP **ORANGE BEACH AL 36561**

TITLE **DV** ☐ Delete
NAME **ROBERTS, BEN T**
STREET ADDRESS **4300 LAKEWOOD COURT**
CITY-ST-ZIP **MOBILE AL 36608**

TITLE **DVST** ☐ Delete
NAME **STREET, LINDA L**
STREET ADDRESS **6590 BARNES ROAD**
CITY-ST-ZIP **THEODORE AL 36582**

TITLE **DT** ☐ Delete
NAME **WINDLE, BERNADETTE R**
STREET ADDRESS **10795 SKI CHASTE LANE**
CITY-ST-ZIP **AXIS AL 36505**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 607, 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: *David D Roberts* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

251 344-2174

Date

Daytime Phone #

CR2E034 (10/02)