

2000 UNIFORM BUSINESS REPORT (UBR)

5/12

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-12-2000 90029 009 ***150.00

DOCUMENT # F96000006571

1. Entity Name

ROBINWOOD MANAGEMENT, INC.

Principal Place of Business

Mailing Address

PO BOX 241402
 JACKSONVILLE FL 33310
 US

PO BOX 241402
 MONTGOMERY AL 36124-1402

2. Principal Place of Business

P.O. BOX 32382

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Montgomery AL

4. FEI Number

63-1185187

Applied For

Not Applicable

Zip

32237

Country

U.S.

Zip

Country

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

City

FL

Zip

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, 2000 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	<input type="checkbox"/> Delete
NAME	BLANCHARD, JOHN D	
STREET ADDRESS	9842 WYNCREST CIRCLE	
CITY-ST-ZIP	MONTGOMERY AL 36124	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, SAMUEL L	
STREET ADDRESS	2000 NORMANDIE DR.	
CITY-ST-ZIP	MONTGOMERY AL 36124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:

Deborah J. Miller, Controller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

334-215-1411

Daytime Phone #

CR2E034 (9/99)