

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005202

1. Entity Name  
LEWIS ROBERTS, P.C.

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90063 011 \*\*\*150.00

Principal Place of Business  
5825 GLENRIDGE DRIVE, BLDG. 2, SUITE 212  
ATLANTA GA 30328

Mailing Address  
5825 GLENRIDGE DRIVE, BLDG. 2, SUITE 212  
ATLANTA GA 30328

2. Principal Place of Business  
430 Main Street  
Suite, Apt. #, etc.

3. Mailing Address  
430 Main Street  
Suite, Apt. #, etc.

City & State  
Windermere, FL

City & State  
Windermere, FL

Zip  
34786

Country  
Orange

Zip  
34786

Country  
Orange

4. FEI Number 58-2419435

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

ROBERTS, LEWIS  
20719 MORELAND DR  
SPRINGHILL FL 34610

Name  
Lewis Roberts

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

City  
Windermere

FL

Zip Code  
34786

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
ROBERTS, LEWIS  
4569 DUDLEY LANE  
ATLANTA GA 30327

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
Lewis Roberts  
2910 Marquesas Ct.  
Windermere, FL 34786

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

407-909-1006

Daytime Phone #

CR2E034 (10/00)