

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90047 001 \*\*\*300.00

**DOCUMENT # H34997**

1. Entity Name

**ROBERT AND COMPANY OF FLORIDA**

**R**

Principal Place of Business

96 POPLAR ST. NW  
 ATLANTA GA 30335

Mailing Address

96 POPLAR ST. NW  
 ATLANTA GA 30335-6000

**19466**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2469692**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT 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.

SIGNATURE

Signature, typed or printed name or 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

TITLE: **DCT**  Delete  
 NAME: **ROBERT, L. W. IV**  
 STREET ADDRESS: **96 POPLAR ST. NW**  
 CITY - ST - ZIP: **ATLANTA GA**

TITLE: **DVP**  Delete  
 NAME: **COTHRAN, J. R.**  
 STREET ADDRESS: **96 POPLAR ST. NW**  
 CITY - ST - ZIP: **ATLANTA GA 30335**

TITLE: **DPS**  Delete  
 NAME: **KLUTTZ, M.K.**  
 STREET ADDRESS: **96 POPLAR ST. NW**  
 CITY - ST - ZIP: **ATLANTA GA 30335**

TITLE: **D**  Delete  
 NAME: **HENDERSON, J.W.**  
 STREET ADDRESS: **96 POPLAR ST. NW**  
 CITY - ST - ZIP: **ATLANTA GA 30335**

TITLE: **AS**  Delete  
 NAME: **WHITMAN, SANDRA**  
 STREET ADDRESS: **96 POPLAR ST. NW**  
 CITY - ST - ZIP: **ATLANTA GA 30335**

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

12. 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:

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

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

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

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/13/00**  
 Date

Daytime Phone #

CR2000 (0/000)