

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H34997

1. Entity Name

ROBERT AND COMPANY OF FLORIDA

R

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

08-11-2000 90047 001 ***300.00

19466



DO NOT WRITE IN THIS SPACE

Principal Place of Business 96 POPLAR ST. NW ATLANTA GA 30335	Mailing Address 96 POPLAR ST. NW ATLANTA GA 30335-6000
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2469692	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ (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) <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete DCT ROBERT, L. W. IV 96 POPLAR ST. NW ATLANTA GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete DVP COTHRAN, J. R. 96 POPLAR ST. NW ATLANTA GA 30335
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete DPS KLUTZ, M.K. 96 POPLAR ST. NW ATLANTA GA 30335
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D HENDERSON, J.W. 96 POPLAR ST. NW ATLANTA GA 30335
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete AS WHITMAN, SANDRA 96 POPLAR ST. NW ATLANTA GA 30335
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 04/13/00 DAYTIME PHONE # _____