

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H34997**

1. Entity Name

ROBERT AND COMPANY OF FLORIDA

Principal Place of Business

**96 POPLAR ST. NW
ATLANTA GA 30335**

Mailing Address

**96 POPLAR ST. NW
ATLANTA GA 30335**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 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

TITLE	DCI	<input type="checkbox"/> Delete
NAME	ROBERT, L. W. IV	
STREET ADDRESS	96 POPLAR ST. NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	COTHRAN, J. R.	
STREET ADDRESS	96 POPLAR ST. NW	
CITY-ST-ZIP	ATLANTA GA 30335	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	KLUTTZ, M.K.	
STREET ADDRESS	96 POPLAR ST. NW	
CITY-ST-ZIP	ATLANTA GA 30335	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, J.W.	
STREET ADDRESS	96 POPLAR ST. NW	
CITY-ST-ZIP	ATLANTA GA 30335	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WHITMAN, SANDRA	
STREET ADDRESS	96 POPLAR ST. NW	
CITY-ST-ZIP	ATLANTA GA 30335	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Michael Kluttz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KLUTTZ

Date

5-1-01

Daytime Phone #

404-577-4000**FILED
May 16, 2001 8:00 am
Secretary of State**

05-16-2001 90148 001 ***300.00

72087

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2469692**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)

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