

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91194 028 \*\*\*150.00

**DOCUMENT # J22140**

1. Entity Name  
**ROBERTS ENTERPRISES, INC.**

Principal Place of Business  
**3234 N.E. 24TH ST.**  
**OCALA FL 34470**  
**US**

Mailing Address  
**P.O. BOX 100**  
**SILVER SPRINGS FL 34489**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2721263**

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

**WEBB, HERBERT M**  
**4400-E NW 23RD AVE**  
**GAINESVILLE FL 32605**

Name

**Hicks, Daniel**

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

**421 S Pine Ave**

City

**Ocala**

**FL**

Zip Code  
**34474**

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 fee not 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!**  
**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 **P** ☐ Delete  
 NAME **ROBERTS, WILLIAM H JR**  
 STREET ADDRESS **P.O. BOX 142 N/A**  
 CITY-ST-ZIP **SILVER SPRINGS FL 34489**

TITLE **C** ☒ Change ☐ Addition  
 NAME **Roberts, William H Jr.**  
 STREET ADDRESS **P.O. Box 142 N/A**  
 CITY-ST-ZIP **Silver Springs, FL 34489**

TITLE **S** ☐ Delete  
 NAME **ROBERTS, NANCY**  
 STREET ADDRESS **P.O. BOX 142 N/A**  
 CITY-ST-ZIP **SILVER SPRINGS FL 34489**

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

TITLE **V** ☐ Delete  
 NAME **ROBERTS, BENJAMIN**  
 STREET ADDRESS **5151 SE 44TH RD**  
 CITY-ST-ZIP **OCALA FL 34480**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Roberts, Benjamin W**  
 STREET ADDRESS **5151 SE 44th Avenue Road**  
 CITY-ST-ZIP **Ocala, FL 34480**

TITLE **V** ☐ Delete  
 NAME **ROBERTS, VERNON**  
 STREET ADDRESS **1132 SE 165TH AVENUE**  
 CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **2nd V** ☒ Change ☐ Addition  
 NAME **Roberts, Vernon M**  
 STREET ADDRESS **1132 SE 165th Avenue**  
 CITY-ST-ZIP **Silver Springs, FL 34488**

TITLE **V** ☐ Delete  
 NAME **ROBERTS, WILLIAM H III**  
 STREET ADDRESS **4580 S E 36TH AVE**  
 CITY-ST-ZIP **OCALA FL 34480**

TITLE **1st V** ☒ Change ☐ Addition  
 NAME **Roberts, William H III**  
 STREET ADDRESS **4580 S E 36th Avenue**  
 CITY-ST-ZIP **Ocala, FL 34480**

TITLE **VP** ☒ Delete  
 NAME **ROBERTS, JERRY L**  
 STREET ADDRESS **950 TAVARES RD**  
 CITY-ST-ZIP **POLK CITY FL**

TITLE ☐ Change ☐ 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 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

**Benjamin Roberts (P)**

5/1/01

(352) 732-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)