

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **748705**

1. Entity Name

ROBLENE ENTERPRISES, INC. ✓

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90038 038 ***150.00

Principal Place of Business
1121 N. HALIFAX
DAYTONA BEACH, FL 32118

Mailing Address
1121 N. HALIFAX
DAYTONA BEACH, FL 32118

2. Principal Place of Business
1121 N. HALIFAX

3. Mailing Address
1121 N. HALIFAX

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL

City & State
DAYTONA BEACH, FL

4. FEI Number
59-2776509

Applied For
Not Applicable

Zip
32118

Country
USA

Zip
32118

Country
USA

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

JACK HAND
200 W. FORSYTH ST., SUITE 1000
JACKSONVILLE, FL 32202

Name
JACK G. HAND, JR.
Street Address (P.O. Box Number is Not Acceptable)
200 W. FORSYTH ST., SUITE 1517
City
JACKSONVILLE FL Zip
32202

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Delete
NAME	HELENE B. ROBERSON	
STREET ADDRESS	1121 N. HALIFAX	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	VICE PRESIDENT, SECRETARY	<input type="checkbox"/> Delete
NAME	KIMBALL K. ROSS	
STREET ADDRESS	1 OCEANS W. BLVD., #8B3	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	VICE PRES., TREASURER	<input type="checkbox"/> Delete
NAME	STEVEN H. HIPPE	
STREET ADDRESS	8135 FORSYTH BLVD.	
CITY-ST-ZIP	ST. LOUIS, MO 63105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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: *Helene B. Roberson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELENE B. ROBERSON, PRES. 2/21/2000

Date

(904) 253-8005

CR2E034 (9/99)