

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K46482**

1. Entity Name

ROBERSON ENTERPRISES, INC.

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

03-01-2000 90038 037 \*\*\*150.00

Principal Place of Business  
**770 W. GRANADA  
SUITE 309  
ORMOND BEACH, FL 32127**

Mailing Address  
**SAME**

2. Principal Place of Business  
**1121 N. HALIFAX**

3. Mailing Address  
**1121 N. HALIFAX**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**DAYTONA BEACH, FL**

City & State  
**DAYTONA BEACH, FL**

4. FEI Number  
**59-2917773**

Applied For  
Not Applicable

Zip Country  
**32118 USA**

Zip Country  
**32118 USA**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**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	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HELENE B. ROBERSON</b>	
STREET ADDRESS	<b>406 OAK PLACE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32176</b>	
TITLE	<b>VICE PRESIDENT, SEC.</b>	<input type="checkbox"/> Delete
NAME	<b>KIMBALL K. ROSS</b>	
STREET ADDRESS	<b>1 OCEANS WEST BLVD. #8B3</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32118</b>	
TITLE	<b>VICE PRES., TREASURER</b>	<input type="checkbox"/> Delete
NAME	<b>STEVEN H. HIPPE</b>	
STREET ADDRESS	<b>8135 FORSYTH BLVD.</b>	
CITY-ST-ZIP	<b>ST. LOUIS, MO 63105</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELENE B. ROBERSON</b>	
STREET ADDRESS	<b>1121 N. HALIFAX</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32118</b>	
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		
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)