

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K46482**

1. Entity Name

ROBERSON ENTERPRISES, INC.

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90072 004 ***150.00

Principal Place of Business

**1121 N. HALIFAX
DAYTONA BEACH FL 32118
US**

Mailing Address

**1121 N. HALIFAX
DAYTONA BEACH FL 32118
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 **59-2917773**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAND, JACK G JR
200 W FORSYTH ST
SUITE 1517
JACKSONVILLE FL 32202**

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	P	<input type="checkbox"/> Delete
NAME	ROBERSON, HELENE B.	
STREET ADDRESS	1121 N. HALIFAX	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ROSS, KIMBALL K.	
STREET ADDRESS	1 OCEANS WEST BLVD 8B3	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HIPPE, STEVEN H	
STREET ADDRESS	8135 FORSYTH BLVD	
CITY-ST-ZIP	SAINT LOUIS MO 63105	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERSON, HELENE B	
STREET ADDRESS	1121 N HALIFAX	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
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		<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
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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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

904-253-8005

Daytime Phone #

CR2E034 (10/00)