

# 2000 UNIFORM BUSINESS REPORT (UBR)

0009923 AF

DOCUMENT # L99000007903

1. Entity Name  
ROBERTS & GIDDINGS, L.L.C.

FILED

00 MAR 23 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

501 E TENNESSEE STREET  
SUITE C  
TALLAHASSEE FL 32301

Mailing Address

501 E TENNESSEE STREET  
SUITE C  
TALLAHASSEE FL 32308-4906

2. Principal Place of Business

501 EAST TENNESSEE ST.  
Suite, Apt. #, etc.  
SUITE C

3. Mailing Address

501 EAST TENNESSEE ST.  
Suite, Apt. #, etc.  
SUITE C

DO NOT WRITE IN THIS SPACE

City & State  
TALLAHASSEE, FL

City & State  
TALLAHASSEE, FL

4. FEI Number  
F59-361078

Applied For  
Not Applicable

Zip  
32308

Country  
USA

Zip  
32308

Country  
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, STEPHEN R ESQ  
THE KNIGHT LAW FIRM  
501 E TENNESSEE STREET SUITE C  
TALLAHASSEE FL 32301

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ROBERTS, GARY A ESQ  
1560 CHINA GROVE TRAIL  
TALLAHASSEE FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GIDDINGS, RANDOLPH M ESQ  
1900 CENTRE POINTE BLVD APT #223  
TALLAHASSEE FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003198117--1  
-04/06/00--01038--016  
\*\*\*\$55.00\*\*\* ☐ Change ☐ Addition

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Randolph M Giddings*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/13/00

Date

Daytime Phone #

(850) 513-0505

CR2E083 (9/99)