

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90038 006 \*\*\*\*\*61.25

**DOCUMENT # N32167**

1. Entity Name

**HALE'S PLACE PLANTATION CLUB, INC.**

Principal Place of Business

**15647 HALE'S PLACE  
 PLANTATION ROAD  
 TALLAHASSEE FL 32312**

Mailing Address

**15647 HALE'S PLACE  
 PLANTATION ROAD  
 TALLAHASSEE FL 32312**

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

**59-3016425**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, W. CRIT  
 3250 THOMASVILLE ROAD  
 FOURTH FLOOR  
 TALLAHASSEE FL 32308**

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
**PTD ROBERTS, CHARLES W**  
 STREET ADDRESS **15647 HALE'S PLACE, PLANTATION ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE NAME ☐ Delete  
**SD ROBERTS, MYERS ANN**  
 STREET ADDRESS **15647 HALE'S PLACE, PLANTATION ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE NAME ☐ Delete  
**D ROBERTS, BETTY**  
 STREET ADDRESS **HIGHWAY 65**  
 CITY-ST-ZIP **HOSFORD FL 32334**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Charles W. Roberts*  
**Charles W. Roberts**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/01**

**850-379-8116**

Date

Daytime Phone #

CR2E037 (10/00)