

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055323

1. Entity Name

LOU ROBERSON TOMATO HOUSE, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90213 007 \*\*\*150.00

Principal Place of Business

438 E. ILEX DRIVE  
LAKE PARK FL 33403

Mailing Address

438 E. ILEX DRIVE  
LAKE PARK FL 33403-2606

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

65-0591448

Applied For

Not Applicable

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

ERNESTON, ROBERT C  
8475 SE MANGROVE STREET  
HOBE SOUND FL 33455

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, 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	D	<input type="checkbox"/> Delete
NAME	ERNESTON, ROBERT C	
STREET ADDRESS	8475 SE MANGROVE STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHWEIGART III, JOSEPH A	
STREET ADDRESS	6552 SE CLAIRMONT PL.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KEITH, ROBERT D	
STREET ADDRESS	438 E. ILEX DR.	
CITY-ST-ZIP	LAKE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: *Robert D. Keith* / ROBERT D. KEITH *Secretary* 4/6/00 561-845-8492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)