

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053227

1. Entity Name

ROLLERBEST, INC.

Principal Place of Business

2120 SW 60 WAY  
MIRAMAR FL 33023

Mailing Address

2120 SW 60 WAY  
MIRAMAR FL 33023

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 65-0690237

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

SAUNDERS, ROBERT  
2120 SW 60 WAY  
MIRAMAR FL 33023

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
SAUNDERS, ROBERT 2120 SW 60 WAY MIRAMAR FL 33023	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Saunders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08-09-2000 90080 013 \*\*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

TS

08/09/00 90080 013 150.00

**LESLIE E. DOLIN PA, CPA**

11645 BISCAYNE BOULEVARD SUITE 306C  
NORTH MIAMI, FL 33181

Phone 305-893-4333  
Fax 305-891-3320

July 31, 2000

Department Of State  
Annual Report Filings  
Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Rollerbest, Inc.  
2120 SW 60 Way  
Miramar, FL 33023

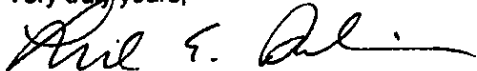
Dear Sirs:

Please find enclosed the 2000 Annual Report for the above corporation along with a check for \$150.

The owner and sole person involved with this corporation Robert Saunders, who is my client, would appreciate it very much if you would waive the \$300 late filing penalty due to the severe health problems Mr. Saunders has been experiencing. Mr. Saunders, who is 79 years old, was hospitalized in Springfield, IL from January through late April, 2000 with the following problems: 2 heart attacks, congestive heart failure, diabetes, colon cancer, prostate cancer, and kidney failure. These conditions can be verified through our providing you with his medical records if required. Mr. Saunders is home now but is still under constant doctors care and is basically inactive in his business. When the original renewal notice was mailed Mr. Saunders and his wife were in Springfield therefore never received it, and only recently received this 2nd renewal notice.

Your kindness and consideration in granting Mr. Saunders a waiver of this penalty would be greatly appreciated.

Very truly yours,



LESLIE E. DOLIN, CPA

cc: Robert Saunders

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