

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047428

1. Entity Name

ROBERT THOMAS GALLERIES, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90006 042 ***150.00

Principal Place of Business

100 S. PARK AVE
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 952488
LAKE MARY FL 32795-2488
US

2. Principal Place of Business

PO Box 952488

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

4. FEI Number

59-3395270

Applied For

Not Applicable

Zip

32795

Country

USA

Zip

Country

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

Name

JACOBONI, JOSEPH J.

~~3407 BUFFAM PLACE~~

~~CASSELBERRY FL 32707~~

Street Address (P.O. Box Number is Not Acceptable)

5481 Wayside Drive

City

Sanford

FL

Zip Code

32771

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

3-1-00

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	PD	<input type="checkbox"/> Delete
NAME	JACOBONI, JOSEPH J	
STREET ADDRESS	P.O. BOX 952488	
CITY-ST-ZIP	LAKE MARY FL 32795	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOMBARD, BARBARA	
STREET ADDRESS	108 PARK AVE S	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOMBARD, ROBERT	
STREET ADDRESS	108 PARK AVE S	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

(407) 333

0686

Daytime Phone #

CR2E034 (9/99)