

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90078 018 \*\*\*150.00

**DOCUMENT # P97000103607**

1. Entity Name

**ROBE CORPORATION**

Principal Place of Business

Mailing Address

2335 TAMiami TRAIL NORTH, SUITE 301  
 NAPLES FL 34103

2335 TAMiami TRAIL NORTH, SUITE 301  
 NAPLES FL 34103-4457

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

**65-0810808**

Applied For

Not Applied

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

**GOLD, DENNIS S ESQ**  
**2335 TAMiami TRAIL NORTH, SUITE 301**  
**NAPLES FL 34103**

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** **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **GOLD, DENNIS S**  
 STREET ADDRESS **2335 TAMiami TRAIL NORTH, SUITE 301**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ \*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **MEISTER, ROLF HEINRICH**  
 STREET ADDRESS **2335 TAMiami TR N SUITE 301**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ \*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **ZIMMERMANN, BEATRIZ**  
 STREET ADDRESS **2335 TAMiami TR NO SUITE 301**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ \*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ \*  
 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, changed, or on an attachment with an address, with another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dennis S. Gold, Director 2/1/00 941-649-4653**

Date

Daytime Phone #