

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 250938

1. Entity Name

THE TOBI COMPANY, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90013 026 ***158.75

Principal Place of Business

10500 UNIVERSITY CENTER DR.
SUITE 143
TAMPA FL 33612

Mailing Address

10500 UNIVERSITY CENTER DR.
SUITE 143
TAMPA FL 33612-6415

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 59-1263852

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

BALLOTTA, PETER C
4207 CARROLLWOOD VILLAGE DR
TAMPA FL 33624

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BALLOTTA, PETER C.	
STREET ADDRESS	4207 CARROLLWOOD VILLAGE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	CVD	<input type="checkbox"/> Delete
NAME	TOBI, FREDERICK G.	
STREET ADDRESS	4805 CULBREATH ISLES WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOBI, JOSEPH C.	
STREET ADDRESS	12206 WOOD DUCK PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILSON, PETER G.	
STREET ADDRESS	18232 CLEAR LAKE DRIVE	
CITY-ST-ZIP	LUTZ FL	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, ROSE M.	
STREET ADDRESS	9633 ORANGE GROVE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, T LIONEL	
STREET ADDRESS	28339 OPENFIELD LP	
CITY-ST-ZIP	WESLEY CHAPLE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

PLEASE DELETE
TERMINATION 2/6/98
2ND REQUEST

PLEASE DELETE
TERMINATION 6/30/97
3RD REQUEST

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2000

Date

Daytime Phone #