

2001 UNIFORM BUSINESS REPORT (UBR)

0012387 AF

DOCUMENT # **A25063**

1. Entity Name

TOBER ASSOCIATES, LTD.

FILED

01 APR 30 PM 12:24

Principal Place of Business

**3823 OWENS ROAD
YULEE FL 32097-2145**

Mailing Address

**3823 OWENS ROAD
YULEE FL 32097-2145**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3420664

Applied For

Not Applicable

Zip

Country

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

**HENDERSON, J. GROVER
3823 OWENS ROAD
YULEE FL 32097**

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.

(NOT) Registered Agent signature required when reinstating

DATE

9. Capital Contributions
as Shown on record.

\$11,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **J88450**
NAME **TOBER CAPITAL CORPORATION**
STREET ADDRESS **3823 OWENS ROAD**
CITY-ST-ZIP **YULEE FL 32097-2145**

STREET ADDRESS

CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jerome A. Siegel **Tober Capital Corp by Jerome A. Siegel** **382-410-7555**
3-19-01 Date Daytime Phone #

CR2E003 (11/00)