

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88450

1. Entity Name
TOBER CAPITAL CORPORATION

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90091 023 ***550.00

Principal Place of Business
3823 OWENS ROAD
YULEE FL 32097
US

Mailing Address
1556 3RD AVE.
SUITE 504
NEW YORK NY 10128
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2838795

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.

(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	V	<input type="checkbox"/> Delete
NAME	HENDERSON, GROVER J.	
STREET ADDRESS	3823 OWENS ROAD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM	
STREET ADDRESS	3823 OWENS ROAD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SIEGEL, JEROME A.	
STREET ADDRESS	1556 3RD AVE., SUITE 504	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	SUOZZO, JOSEPH	
STREET ADDRESS	1556 3RD AVE., SUITE 504	
CITY-ST-ZIP	NEW YORK, NY. 10128	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERGREEN, BERNARD D.	
STREET ADDRESS	3823 OWENS ROAD	
CITY-ST-ZIP	YULEE FL 32097	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" 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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-00

212-410-7555

CR2E034 (5/00)