

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056238

1. Entity Name

TOBER SWIM SCHOOL, INC.

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

05-08-2000 90032 041 ***150.00

Principal Place of Business

Mailing Address

11638 S.W. 144TH COURT
 MIAMI FL 33186

11638 S.W. 144TH COURT
 MIAMI FL 34983-3224

2. Principal Place of Business

3. Mailing Address

1136 SE PROCTOR LN.

1136 SE PROCTOR LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL

City & State

PORT ST. LUCIE FL

Zip

34983

Country

ST. LUCIE

Zip

34983

Country

ST. LUCIE

4. FEI Number

65-0841165

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

HANSON, MARK G
 2530 S.W. THIRD AVE., STE. 102
 MIAMI FL 33129-2034

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME TOBER, MICHAEL K
 STREET ADDRESS 11638 SW 144 CT
 CITY-ST-ZIP MIAMI FL 33186

TITLE PD ☒ Change ☐ Addition
 NAME TOBER, MICHAEL K.
 STREET ADDRESS 1136 SE PROCTOR LN
 CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE DS ☐ Delete
 NAME HANSON, MARK G
 STREET ADDRESS 2530 SW THIRD AVE. #102
 CITY-ST-ZIP MIAMI FL 33129-2034

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VICE PRES. ☐ Change ☒ Addition
 NAME LESLIE MILLEY, LESLIE A
 STREET ADDRESS 1136 SE PROCTOR LANE
 CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Leslie A. Milley VICE PRES, LESLIE A. MILLEY 4/26/2000 785-5244
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)