

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056238

1. Entity Name  
TOBER SWIM SCHOOL, INC.

Principal Place of Business

11638 S.W. 144TH COURT  
MIAMI FL 33186

Mailing Address

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

CR2E034 (9/99)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOBER, MICHAEL K 11638 SW 144 CT MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOBER, MICHAEL K 1136 SE Proctor Ln Port St. Lucie, FL 34983	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HANSON, MARK G 2530 SW THIRD AVE. #102 MIAMI FL 33129-2034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. Leslie A. Milley, Leslie A 1136 SE Proctor Lane Port St. Lucie, FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

(561)

SIGNATURE:

*Leslie A. Milley, VICE PRES., LESLIE A. MILLEY 4/26/2000 785-5241*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #