

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000056238**1. Entity Name  
TOBER SWIM SCHOOL, INC.Principal Place of Business  
1136 SE PROCTOR LN.  
PORT SAINT LUCIE FL 34983Mailing Address  
1136 SE PROCTOR LN.  
PORT SAINT LUCIE FL 349832. Principal Place of Business  
174 SW PARISH TERRACE3. Mailing Address  
174 SW PARISH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PORT SAINT LUCIE FLCity & State  
PORT SAINT LUCIE FL4. FEI Number  
**65-0841165**  
Applied For  
Not ApplicableZip  
34984  
Country  
USZip  
34984  
Country  
US5. 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 331292034  
USName  
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 \_\_\_\_\_ **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MILLEY LESLIE A  
1136 S.E. PROCTOR LANE  
PORT ST. LUCIE FL 34983 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MILLEY LESLIE AMS.  
1136 S.W. PARISH TERRACE  
PORT ST. LUCIE FL 349843636 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
HANSON MARK G  
2530 SW THIRD AVE- #102  
MIAMI FL 331292034 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
HANSON MARK GESQ.  
2530 SW THIRD AVE- #102  
MIAMI FL 331292034 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
TOBER MICHAEL K  
1136 S.E. PROCTOR LANE  
PORT ST. LUCIE FL 34983 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
TOBER MICHAEL KMR.  
1136 S. W. PARISH TERRACE  
PORT ST. LUCIE FL 349843636 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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.

**SIGNATURE:** Leslie A. Milley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP 04/30/2001

Date Daytime Phone #

CR2E034 (11/00)