

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36352

1. Entity Name

TIGER ISLAND OWNERS ASSOCIATION, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90002 003 ****61.25

Principal Place of Business

5850 NW 20TH ST.
CHIEFLAND FL 32626

Mailing Address

5850 NW 20TH ST.
CHIEFLAND FL 32626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2978921

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

MILLER, GERALD D
5850 NW 20TH ST.
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

Name

Sue Miller

Street Address (P.O. Box Number is Not Acceptable)

5850 NW 20th St

City

Chiefland

FL

Zip Code

32626

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/29/00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, KEN 7860 SHELL BARK DRIVE ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CENDER, AL 8690 S.E. 144TH PLACE INGLIS FL 34449	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, GERALD D 5850 N.W. 20TH STREET CHIEFLAND FL 32626	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOUGHERTY, DOUG 9487 ARBOL COURT LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, RICK 4132 VISTA VERDE DRIVE, APT. 1 NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bill Wruck 5744 Otis Dr. New Port Richey, FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D. Sandy Stone 15284 Duggan Rd. Ocala City, FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Doug Dougherty 1553 Belleair Ln. Clearwater, FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sue Miller 5850 NW 20th St. Chiefland, FL 32626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ken Smith 7860 Shell Bark Dr. Orlando, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00
Date

352 4931292
Daytime Phone #

CR2E037 (5/00)