

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729994

1. Entity Name

TIGERTAIL BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2715 TIGERTRAIL AVE.  
MIAMI FL 33133

Mailing Address

111 FONTAINEBLEAU BLVD  
MIAMI FL 33172-4507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1546097

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

SKRLD, INC  
201 ALHAMBRA CIR  
STE 1102  
CORAL GABLES FL 33134

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

FILE NOW:  
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME COOKS, IVORY  
STREET ADDRESS 2715 TIGERTRAIL AVE. # 603  
CITY-ST-ZIP MIAMI FL 33133

TITLE PD ☐ Change ☒ Addition  
NAME Furlan, Christopher  
STREET ADDRESS 2715 Tigertail Ave., #403  
CITY-ST-ZIP Miami, FL 33133

TITLE SD ☒ Delete  
NAME WISE, GARY  
STREET ADDRESS 2715 TIGERTRAIL AVE. # 609  
CITY-ST-ZIP MIAMI FL 33133

TITLE VD ☒ Change ☐ Addition  
NAME Cooks, Ivory  
STREET ADDRESS 2715 Tigertail Ave., #603  
CITY-ST-ZIP Miami, FL 33133

TITLE TD ☒ Delete  
NAME LIGERMAN, DAVID  
STREET ADDRESS 2715 TIGERTAIL AVE. #407  
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ Change ☒ Addition  
NAME Lugo, Victor  
STREET ADDRESS 2715 Tigertail Ave., #207  
CITY-ST-ZIP Miami, FL 33133

TITLE VPD ☒ Delete  
NAME COOKS, IVORY  
STREET ADDRESS 2715 TIGERTAIL AVE., #603  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Change ☒ Addition  
NAME Gomez, Patricia  
STREET ADDRESS 2715 Tigertail Ave., #504  
CITY-ST-ZIP Miami, FL 33133

TITLE D ☒ Delete  
NAME WENTZ, WILLIAM  
STREET ADDRESS 2715 TIGERTRAIL AVE. # 210  
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☒ Change ☐ Addition  
NAME Wise, Gary  
STREET ADDRESS 2715 Tigertail Ave., #609  
CITY-ST-ZIP Miami, FL 33133

TITLE VP ☐ Delete  
NAME POLLACK, NOAH  
STREET ADDRESS 2715 TIGERTRAIL AVE # 609  
CITY-ST-ZIP MIAMI FL 33133

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90038 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE