

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90026 035 ****61.25

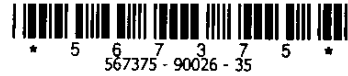
DOCUMENT # 741505

1. Corporation Name

THE SUNCOAST TIGER BAY CLUB, INC.

Principal Place of Business
5310 4TH STREET NORTH
ST. PETERSBURG FL 33703

Mailing Address
5310 4TH STREET NORTH
ST. PETERSBURG FL 33703



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/01/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc. -

4. FEI Number
59-1906808

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS WHITEMAN, JR.
5310 4TH STREET NORTH
ST. PETERSBURG FL 33703

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME **VD**
WILSON, GREGORY S
STREET ADDRESS **610 78TH AVENUE**
CITY-ST-ZIP **ST PETE BCH FL 33706**

1.1 TITLE

PD

☒ Change ☐ Addition

NAME **MD**
QUINN, JANELLE
STREET ADDRESS **6609 30TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

1.2 NAME

P.O. Box 66148

1.3 STREET ADDRESS

St. Pete Beach, FL

33736-6148

1.4 CITY-ST-ZIP

NAME **TD**
THOMAS WHITEMAN, JR.
STREET ADDRESS **5310 4TH ST. NO.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

2.1 TITLE

3.1 TITLE

☐ Change ☐ Addition

NAME **SD**
COHEN, MARCIA S
STREET ADDRESS **111 2ND AVENUE, N.E**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

2.2 NAME

3.2 NAME

☐ Change ☐ Addition

NAME **TD**
THOMAS WHITEMAN, JR.
STREET ADDRESS **5310 4TH ST. NO.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

2.3 STREET ADDRESS

3.3 STREET ADDRESS

☐ Change ☐ Addition

NAME **TD**
THOMAS WHITEMAN, JR.
STREET ADDRESS **5310 4TH ST. NO.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

2.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

NAME **TD**
THOMAS WHITEMAN, JR.
STREET ADDRESS **5310 4TH ST. NO.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

2.5 CITY-ST-ZIP

3.5 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (11/98)