

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766310**

(7)

1. Corporation Name

THE TIGER BAY CLUB OF ORLANDO, INC.



Principal Place of Business

Mailing Address

% JAMES R. SPENCE
801 N MAGNOLIA AVE., STE 317
ORLANDO FL 32803

% JAMES R. SPENCE
801 N MAGNOLIA AVE., STE 317
ORLANDO FL 32803

3. Date Incorporated or Qualified

12/20/1982

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 **c/o Betty Ann Bazemore**
Suite, Apt. #, etc.

26 **733 Clifford Drive**
Suite, Apt. #, etc.

22 **733 Clifford Drive**
City & State

27
City & State

23 **Orlando, FL**

28 **Orlando, FL**

24 **32804**
Zip

Country

29 **32804**
Zip

Country

4. FEI Number

59-2241346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES R. SPENCE
801 N MAGNOLIA AVE.
STE 317
ORLANDO FL 32803

81 Name

Betty Ann Bazemore

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

733 Clifford Drive

83

84 City

Orlando

FL

85 Zip Code

32804

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

Betty Ann Bazemore
BETTY ANN BAZEMORE

NOTE: Registered Agent signature required when reinstating!

APRIL 1, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **LYKKEBAK, DONALD**
CITY-ST-ZIP **390 N ORANGE AVE STE 2100**
ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **FRAZIER, KENNETH K.**
CITY-ST-ZIP **1519 FALCON COURT**
ORLANDO FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Director**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **PLEUS, ROBERT J**
CITY-ST-ZIP **940 N HIGHLANDS AVE**
ORLANDO FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **President**
3.3 STREET ADDRESS **255 S. Orange Ave., Ste. 1700**
3.4 CITY-ST-ZIP **Orlando, Florida 32801**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BACHELOR, DICK**
CITY-ST-ZIP **1202 S. ORANGE AVE. #1017**
ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BATTAGLIA, WILLIAM P.**
CITY-ST-ZIP **1140 KEYES AVE.**
WINTER PARK FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **GOFF, JIMMY**
CITY-ST-ZIP **1538 PICARDY PLACE**
WINTER PARK FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Betty Ann Bazemore
BETTY ANN BAZEMORE

Date

APRIL 1, 1996

Daytime Phone #

CR2E037 (12/95)