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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 766310

1. Corporation Name

THE TIGER BAY CLUB OF ORLANDO, INC.

Principal Place of Business

C/O BETTY ANN BAZEMORE
733 CLIFFORD DRIVE
ORLANDO FL 32804
US

Mailing Address

733 CLIFFORD DRIVE
ORLANDO FL 32804
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/20/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2241346

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAZEMORE, BETTY ANN
733 CLIFFORD DRIVE
ORLANDO FL 32804**

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

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **TUCKER, C. BEN**
STREET ADDRESS **120 TRAFALGER PLACE**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

Wolfson, Wayne Dr. ☒ Change ☐ Addition
1021 W. Colonial Dr.
Orlando, FL 32804

TITLE **1V** ☐ DELETE
NAME **WOLFSON, WAYNE DR**
STREET ADDRESS **1021 W COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32804**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

1. V. SANFORD, ELEASE ☒ Change ☐ Addition
640 PARK LAKE ST.
Orlando, FL 32803

TITLE **2V** ☐ DELETE
NAME **SANFORD, ELESE**
STREET ADDRESS **640 PARK LAKE STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

2V Segal, William ☒ Change ☒ Addition
955 Stonewood Ln.
Maitland, FL 32751

TITLE **ST** ☐ DELETE
NAME **BAZEMORE, BETTY ANN**
STREET ADDRESS **733 CLIFFORD DRIVE**
CITY-ST-ZIP **ORLANDO FL 32804**

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

☐ Change ☐ Addition

TITLE **D** ☒ DELETE
NAME **GOFF, JIMMY**
STREET ADDRESS **1538 PICARDY PLACE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

D MOXLEY, FAE OWLES ☒ Change ☒ Addition
1755 Canollee Ln.
Winter Park, FL 32789

TITLE **D** ☐ DELETE
NAME **FRAZIER, KENNETH**
STREET ADDRESS **1519 FALCON COURT**
CITY-ST-ZIP **ORLANDO FL 32803**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 REQUIRED**

5/22/99 (407) 422-8805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/98)