

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766310

1. Entity 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 32804-7113  
US

2. Principal Place of Business

P.O. Box 2604

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2604

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-2241346

Applied For

Not Applicable

Zip

32790

Country

US

Zip

32790

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAZEMORE, BETTY ANN  
733 CLIFFORD DRIVE  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name  
Craig A. Sikes

Street Address (P.O. Box Number is Not Acceptable)  
2936 Helen Avenue

City  
Orlando

FL Zip Code  
32804

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

*Craig A. Sikes*

Craig A. Sikes, Treasurer

April 28, 2000

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

TITLE 2V ☐ Delete  
NAME SEGAL, WILLIAM  
STREET ADDRESS 955 STONEWOOD LN  
CITY-ST-ZIP MAITLAND FL 32751

TITLE P ☒ Delete  
NAME WOLFSON, WAYNE DR  
STREET ADDRESS 1021 W COLONIAL DR  
CITY-ST-ZIP ORLANDO FL 32804

TITLE 1V ☐ Delete  
NAME SANFORD, ELEE  
STREET ADDRESS 640 PARK LAKE STREET  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ST ☒ Delete  
NAME BAZEMORE, BETTY ANN  
STREET ADDRESS 733 CLIFFORD DRIVE  
CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☐ Delete  
NAME MOXLEY, FAE O  
STREET ADDRESS 1755 CAROLLEE LN  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ Delete  
NAME FRAZIER, KENNETH  
STREET ADDRESS 1519 FALCON COURT  
CITY-ST-ZIP ORLANDO FL 32803

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE 1V ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 2V ☐ Change ☒ Addition  
NAME Max Hunt  
STREET ADDRESS 12720 Broleman Road  
CITY-ST-ZIP Orlando, FL 32832

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

TITLE S ☐ Change ☒ Addition  
NAME Jimmy Goff  
STREET ADDRESS 1538 Picardy Place  
CITY-ST-ZIP Winter Park, FL 32789

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

TITLE T ☐ Change ☒ Addition  
NAME Craig A. Sikes  
STREET ADDRESS 2936 Helen Avenue  
CITY-ST-ZIP Orlando, FL 32804

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:

*Craig A. Sikes*

Craig A. Sikes, Treasurer 04/28/00 (407) 836-5075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90078 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE