

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

04-04-2001 90104 021 ****61.25

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
 US

2. Principal Place of Business

Tiger Bay Club
 Suite, Apt. #, etc.
P.O. Box 2604

3. Mailing Address

Tiger Bay Club
 Suite, Apt. #, etc.
P.O. Box 2604

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32790

Country

USA

Zip

32790

Country

USA

4. FEI Number

59-2241346

Applied For

Not Applicable

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 Sikes

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

2936 Helen Ave.

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 Sikes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-29-2001

**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, ELEASE*
 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 *P* ☒ Change ☐ Addition
 NAME *Segal, William*
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE *V DIRECTOR* ☐ Change ☒ Addition
 NAME *Bill Brooks*
 STREET ADDRESS *5218 St. Regis Place*
 CITY-ST-ZIP *Orlando, FL 32812*

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

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

TITLE *DIRECTOR* ☐ Change ☒ Addition
 NAME *SHANNON McALEVEY*
 STREET ADDRESS *1810 NEBRASKA STREET*
 CITY-ST-ZIP *ORLANDO FL 32803*

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:

William M Segal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/01 407 629-4224

CR2E037 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766310

1. Entity Name

THE TIGER BAY CLUB OF ORLANDO, INC.

Principal Place of Business

Mailing Address

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

733 CLIFFORD DRIVE
ORLANDO FL 32804-7113
US

2. Principal Place of Business

P.O. Box 2604

3. Mailing Address

P.O. Box 2604

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State
Winter Park, FL

Attachment

12543

DO NOT WRITE IN THIS SPACE



4. FEI Number 59-2241346 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

BAZEMORE, BETTY ANN
733 CLIFFORD DRIVE
ORLANDO FL 32804

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V SEGAL, WILLIAM 955 STONEWOOD LN MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFSON, WAYNE DR 1021 W COLONIAL DR ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V SANFORD, ELEASE 640 PARK LAKE STREET ORLANDO FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAZEMORE, BETTY ANN 733 CLIFFORD DRIVE ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOXLEY, FAE O 1755 CAROLLEE LN WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, KENNETH 1519 FALCON COURT ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V Max Hunt 12720 Broleman Road Orlando, FL 32832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jimmy Goff 1538 Picardy Place Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Craig A. Sikes 2936 Helen Avenue Orlando, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (9/99)

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



Tiger Bay Club of Orlando

P.O. Box 2604
Winter Park, FL 32790
(407) 898-9258

*Attachment
18543*

September 1, 2001

Division of Corporations
Florida Department of State
P.O. Box 1500
Tallahassee, FL 32302-1500

Subject: 766310

To Whom It May Concern:

As requested, the 2001 Uniform Business Report has been revised to reflect a minimum of three directors for our nonprofit corporation.

Please be advised that I have also enclosed a photocopy of the 2000 Uniform Business Report submitted and accepted in April 2000. While the check was cashed by the agency and no problems cited, no revisions were made to the place of business or mailing address creating problems with the processing of the 2001 filings sent to a former officer.

Sincerely,

A handwritten signature in cursive script, appearing to read "Craig Sikes", written over a horizontal line.

Craig Sikes
Treasurer

Enclosures (3)