

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90054 013 ****61.25

DOCUMENT # 766310

1. Entity Name

THE TIGER BAY CLUB OF ORLANDO, INC.



Principal Place of Business

TIGER BAY CLUB
P.O. BOX 2604
WINTER PARK FL 32790
US

Mailing Address

TIGER BAY CLUB
P.O. BOX 2604
WINTER PARK FL 32790
US

34010344



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

COWLES, BILL
119 WEST KALEY STREET
ORLANDO FL 32806

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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)
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEONHARDT, FRED
201 E PINE STREET STE 1200
ORLANDO FL 32801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HARRINGTON, ROSEANN
829 WALNUT STREET
ORLANDO FL 32806 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BROOKS, BILL
5218 ST. REGIS PLACE
ORLANDO FL 32812 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GOFF, JIMMY
1538 PICARDY PLACE
WINTER PARK FL 32789 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
SIKES, CRAIG
2936 HELEN AVE.
ORLANDO FL 32804 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
COWLES, BILL
119 WEST KALEY STREET
ORLANDO, FL. 32806 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCALEAVEY, SHANNON
1810 NEBRASKA STREET
ORLANDO FL 32803 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bill Cowles

2/10/04

407-836-2070