

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90175 012 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2241346**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~SIKES, CRAIG~~
~~2936 HELEN AVE.~~
~~ORLANDO FL 32804~~

(Deceased)

Name
Bill Cowles

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

City
Orlando

FL Zip Code
32806

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

Bill Cowles Treasurer

January 27, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **P** ☒ Delete
NAME **HUNT, MAX**
STREET ADDRESS **12720 BROLEMAN ROAD**
CITY-ST-ZIP **ORLANDO FL 32832**

TITLE **D** ☐ Change ☒ Addition
NAME **Roseann Harrington**
STREET ADDRESS **829 Walnut Street**
CITY-ST-ZIP **Orlando, FL 32806**

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

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

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

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

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

TITLE **T** ☐ Change ☒ Addition
NAME **Cowles, Bill**
STREET ADDRESS **119 West Kaley Street**
CITY-ST-ZIP **Orlando, FL 32806**

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

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

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 REQUIRED

Bill Cowles

01-27-03

407-836-2070

CR2E037 (10/02)