

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006848 AF

DOCUMENT # **A93000000521**

1. Entity Name

**TIGEREYE GROUP, LTD.**

Principal Place of Business

**2525 HUNTERS RUN WAY  
WESTON FL 33327**

Mailing Address

**2525 HUNTERS RUN WAY  
WESTON FL 33327**

01 APR 23 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



2. Principal Place of Business

**2251 SW 131 TERRACE**

3. Mailing Address

**2251 SW 131 TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**DAVIE, FL.**

City & State

**DAVIE, FL.**

4. FEI Number

**65-0424647**

Applied For

Not Applicable

Zip

Country

**33325**

**USA**

Zip

Country

**33325**

**USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KYLE, JOHN N II  
2525 HUNTERS RUN WAY  
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name

**JOHN N. KYLE II**

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

**2251 SW 131 TERRACE**

City

**DAVIE, FL.**

FL

Zip Code

**33325**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**APRIL 11, 2001**

9. Capital Contributions as Shown on record.

**\$4.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KYLE, JOHN N II  
2525 HUNTERS RUN WAY  
WESTON FL 33327**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
**2251 SW 131 TERRACE  
DAVIE, FL. 33325**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**\*\*\*141.25 \*\*\*141.25**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**APRIL 11, 2001**

Date

**954.646.9456**

Daytime Phone #

CR2E003 (11/00)