

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12841

1. Entity Name

TIGER BAY CLUB OF COLLIER COUNTY, INC.

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91782 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% N. REX ASHLEY, CPA  
 1044 CASTELLO DR., STE. 106  
 NAPLES FL 34103  
 US

% N. REX ASHLEY, CPA  
 1044 CASTELLO DR., STE. 106  
 NAPLES FL 34103  
 US

80118775



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0125950

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

ASHLEY, N. REX, CPA  
 1044 CASTELLO DR  
 STE. 106  
 NAPLES FL 34103

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.

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**

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 ☐ Delete  
 NAME VD  
 STREET ADDRESS MCLAUGHLIN, JAMES  
 CITY-ST-ZIP 776 KETCH DR.  
 NAPLES FL

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

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS MOATES, ROBERT C.  
 CITY-ST-ZIP 4082 BELAIR LANE  
 NAPLES FL

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

TITLE ☐ Delete  
 NAME STD  
 STREET ADDRESS ASHLEY, N. REX  
 CITY-ST-ZIP 1044 CASTELLO DR., #106  
 NAPLES FL

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 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: *N. Rex Ashley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 941 261 7200

CR2E037 (9/01)