

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90116 024 ****61.25

DOCUMENT # N15373

1. Entity Name

TIGER TOUCHDOWN CLUB, INC.

Principal Place of Business

639 N.E. LIMA VIAS
 JENSEN BEACH FL 34957
 US

Mailing Address

639 N.E. LIMA VIAS
 JENSEN BEACH FL 34957
 US

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

65-0075611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, KENNETH
639 N.E. LIMA VIAS
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
 NAME SHAFER, KENNETH
 STREET ADDRESS 639 N.E. LIMA VIAS
 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE SD ☐ Delete
 NAME SHAFER, DIANE
 STREET ADDRESS 639 N.E. LIMA VIAS
 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE VPD ☒ Delete
 NAME ZOBEC, AL
 STREET ADDRESS 3483 N.E. NARRAGANSETT TER
 CITY-ST-ZIP STUART FL 34994

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition
 NAME Tracy Bresson
 STREET ADDRESS 2489 NE Ginger Terr
 CITY-ST-ZIP Jensen Beach FL 34957

TITLE VPD ☐ Change ☒ Addition
 NAME Laura DeBerard
 STREET ADDRESS 37 N River Rd
 CITY-ST-ZIP Stuart FL 34996

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

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

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

TITLE ☐ 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 **Tracy Bresson** 4-16-01 561-334-8782
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR3319

CR2E037 (10/00)