

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90096 017 ****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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	SHAFFER, KENNETH	639 N.E. LIMA VIAS	JENSEN BEACH FL 34957	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	SHAFFER, DIANE	639 N.E. LIMA VIAS	JENSEN BEACH FL 34957	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BRESSON, TRACY	2489 NE GINGER TERRACE	JENSEN BEACH FL 34957	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	DE BERARD, LAURA	37 N RIVER ROAD	STUART FL 34996	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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** Tracy Bresson 3-9-03 772-334-8782

CR2E037 (10/02)