

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

FILED

02 JUN 13 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000079

1. Entity Name
Tiger Island Estates Inc

DO NOT WRITE IN THIS SPACE

500005911025--9
-06/21/02--01076--003
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Tiger Lily Drive
Suite, Apt. #, etc.

3. Mailing Address
PO Box 11209
Suite, Apt. #, etc.

City & State
Naples FL
Zip 34113 Country

City & State
Naples FL
Zip 34101 Country

4. FEI Number
65-0382481
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Stephen Hart
Street Address (P.O. Box Number is Not Acceptable)
Collier Financial Inc
4985 East Tamiami Trail
City Naples FL Zip Code 34113

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 *Myrl A. Hart*

6/5/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 P/D
NAME Joe Overbeck
STREET ADDRESS 8072 Tiger Lily Drive
CITY-ST-ZIP Naples FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D
NAME Frank Lompote
STREET ADDRESS 7101 Peach Blossom Ct
CITY-ST-ZIP Naples FL 34113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D
NAME Mark Mathosian
STREET ADDRESS 7009 Kiwi Place
CITY-ST-ZIP Naples FL 34113

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joe Overbeck

6/6/02

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037B (12/01)