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

DOCUMENT # N93000003207

1. Entity Name

TIGER'S EYE PRODUCTIONS WILDLIFE RESEARCH CENTER



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90057 007 ****61.25

TITLE MAME MAME MAME STREET ADDRESS CITY-ST-ZIP MILE MAME STREET ADDRESS CITY-ST-ZIP MILE MAME STREET ADDRESS CITY-ST-ZIP MAME ST				and an experience of the territory of th		WE IN					
Suite, Apt. #, etc. CHICK HERE IF MAKING CHANGES	5780 OAK H	DLLOW LANE	5780	OAK HOLLOW LANE						W. Frank)
City & State Country Country S. Certificate of Status Desired See Register Fee Register Fee Register Fee Register File Row: Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address of New Registered Agent File Row: Fil	Principal Place of Business 3. N			Mailing Address							
Zp Country Zig Country Signatured Spent Signature Signature Agent Address of Current Registered Agent	Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
Not Applicable St. 75 Additional Feb. Regulated Feb. Regu	City & State			City & State			<u> </u>				
6. Name and Address of Current Registered Agent Name	Zip	Country	Z	ip	Country	-			¢0.75 .		7
MCMILLAN, DAVID 5780 OAK HOLLOW LANE OVEDO FL 32765 6. 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 or registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution MAKE STEEL AURISS TREE HOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE STEEL AURISS TREE HOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE STEEL AURISS Trust Fund Contribution Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department of State Trust Fund Contribution MAKE Check Payable to Florida Department o				red Agent		,	Fee Required				
Signature Signature State					Name	-	,	7 - Q - 7 - 3 - 2 - 7 - 1 - 4 - 5	·		┨
9. 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 State	5780 QA	Street	Street Address (P.O. Box Number is Not Acceptable)								
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent and the purpose or changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the obligatio	·	'•	5		City		-		Zip Co	de	$\frac{1}{1}$
SIGNATURE Signature Signa	8. The above	a named entity submits this s	tatament for the mure	aggs of abouting its							
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing	the obliga	tions of registered agent.	tatement for the pur	oose of changing its	registered office	or registere	ed agent, or both, in	the State of Florida.	I am familiar with	, and accept	Ī
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing St.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 MCMILLAN, DAVID STREET ADDRESS STREET ADDRES	SIGNATURE	David M	Miller					1.13	द		
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITHE NAME STREET ADDRESS TRUE ADDRESS TRUE ADDRESS TRUE ADDRESS TITLE D LANZA, MICHAEL R ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D LANZA, MICHAEL R ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D LANZA, MICHAEL R ADDITIONS TRUE ADDRESS TITLE D LANZA, MICHAEL R ADDITIONS TRUE ADDRESS TITLE D LANZA, MICHAEL R ADDITIONS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRES		Signature typed or printed name of re	gistered agent and title if ap	plicable. (NOTE	: Registered Agent signa	ature required v	when reinstating)		DATE	-	
TITLE MAME NAME NAME NAME NAME NAME NAME NAME	FILE NOW: FEE IS \$61.25					\$5.00 May Be Added to Fees					
MCMILLAN, DAVID Delote TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHange Addition STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHAN	10.	OFFICER	S AND DIRECTORS		T 11.	Δ	DDITIONS/CHANG	ES TO DEFICE DE AN	ID DIDECTORS IN	110	4
MAME STREET ADDRESS CITY-ST-ZIP MCMILAN, DAVID 5780 OAK HOLLOW LN OWEDO FL 32765 D BLANCHARD, MAX 12078 DESCARTIES CT ORLANDO FL 32826 D LANZA, MICHAEL R 548 BAMBOO HARBOR CT 211 ORLANDO FL 32825 D LANZA, MICHAEL R 548 BAMBOO HARBOR CT 211 ORLANDO FL 32825 D LANZA, MICHAEL R STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP D LANZA, MICHAEL R 548 BAMBOO HARBOR CT 211 ORLANDO FL 32825 D LANZA, MICHAEL R STREET ADDRESS CITY-ST-ZIP C Change Addition MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP C Change Addition MAGINION STREET ADDRESS CITY-ST-ZIP C Change Addition MAGINION STREET ADDRESS CITY-ST-ZIP C Change Addition MAGINION STREET ADDRESS CITY-ST-ZIP	TITLE	D				ID ^	DOMONO/CHANG	IES TO OFFICERS AN			ĺ
TITLE NAME BLANCHARD, MAX 12078 DESCARTES CT ORLANDO FL 32826 TITLE LANZA, MICHAEL R STREET ADDRESS STREET ADD	NAME			50,00			T Costor	CRA	Change	Addition	8
TITLE NAME BLANCHARD, MAX 12078 DESCARTES CT ORLANDO FL 32826 TITLE LANZA, MICHAEL R STREET ADDRESS STREET ADD	STREET ADDRESS				STREET ADDRESS	4625	Sami Trai	Circle			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY-ST-ZIP	Tory	10000 F	32779			8
NAME 12078 DESCARTES CT ORLANDO FL 32826 DITTLE NAME STREET ADDRESS CITY-ST-ZIP ITILE MAME STREET ADDRESS CITY-ST-ZIP	TITLE	•		Delete	TITLE	D)		☐ Change	Addition	ŝ
TORLANDO FL 32826 ORLANDO FL 32826 ORLANDO FL 32826 ORLANDO FL 32826 TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825 ORLANDO F	NAME			/	NAME	KIrs	fin McM	illan		A · · · · · ·	٥
TITLE INAME INAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP						5780	Oak Holl	owlane			ĺ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP	ovie	00,FL 3:	27(05			ĺ
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		Delete	1		•		☐ Change	Addition	ĺ
CITY-ST-ZIP ORLANDO FL 32825		548 BAMBOO HARROR	CT 211	•							ĺ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		O7 211		•						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			□ Poloto			-				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	•		L Delete					☐ Change	Addition	
TITLE INAME INAME INAME INAME INTEGRADORESS INTY-ST-ZIP	STREET ADDRESS										l
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Change Addition Change Addition CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP				CITY-ST-ZIP						l
NAME STREET ADDRESS CITY-ST-ZIP TITLE IAME IAME IAME IAME ITHE IAME ITHE IAME ITHE IAME ITHE ITHE ITHE IAME ITHE ITHE IAME ITHE ITHE IAME IAME ITHE IAME IAME IAME IAME IAME IAME IAME IAM	TITLE			☐ Delete	TITLE			-	☐ Channe	☐ Addition	
SITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition	NAME				NAME					, tourion	ľ
TILE	STREET ADDRESS										
IAME TREET ADDRESS ITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP						l I
NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP	J			☐ Delete	TITLE			-	☐ Change	☐ Addition	
ITY-ST-ZIP CITY-ST-ZIP											
(III-2)-ZIF	CITY-ST-ZIP										
		- 427 - 1	. P. A. Las et a gra								

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

SIGNATURE:

1-13.3