

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000586

1. Entity Name

TIGER BAY ESTATES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

500 CARSWELL AVENUE
HOLLY HILL FL 32117

Mailing Address

500 CARSWELL AVENUE
HOLLY HILL FL 32117

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

59-3571801

Applied For

Not Applicable

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

STORCH, GLENN D
1620 S. CLYDE MORRIS BLVD. STE. 300
DAYTONA BEACH FL 32119

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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DP SAMUELS, LOUIS P 500 CARSWELL AVENUE HOLLY HILL FL 32117	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DTV PERRY, ARNOLD L 925 N. HALIFAX AVENUE DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS STORCH, GLENN D 1620 S. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32119	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90049 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)