

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000039162

1. Entity Name

TIGER BAY PROPERTIES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 28 PM 2:58

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4707 NW 53rd Avenue

3. Mailing Address  
4707 NW 53rd Avenue

Suite, Apt. #, etc.  
Suite A

Suite, Apt. #, etc.  
Suite A

City & State  
Gainesville, Florida

City & State  
Gainesville, Florida

Zip  
32606

Country  
USA

Zip  
32606

Country  
USA

4. FEI Number  
Applied For

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
McDonough, Brian J.

Street Address (P.O. Box Number is Not Acceptable)  
2200 Museum Tower

150 West Flagler Street

City  
Miami

FL

Zip Code  
33130

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
Wallace, Howard K., Jr.  
4707 NW 53rd Avenue, Suite A  
Gainesville, Florida 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900014914079

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
Jennings, Edward L., Jr.  
4707 NW 53rd Avenue, Suite A  
Gainesville, Florida 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

Date

(352)377-2240

Daytime Phone #

CR2E034B (12/02)