

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000035579**
 Entity Name **Tiger Creek Inc.**

FILED
Jun 05, 2000 8:00 am
Secretary of State
 06-05-2000 90719 029 ***150.00

Principal Place of Business Mailing Address
2600 Karen Dr.
Mt Dora, FL, 32757

Principal Place of Business Suite, Apt. #, etc. **Same as Above**
 Mailing Address Suite, Apt. #, etc. **2600 Karen Dr**

City & State **Mt Dora, FL**
 Zip **32757**
 Country

4. FEI Number **59-3076259**
 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Cecil E. Ballard
2600 Karen Dr
Mt Dora, FL
32757

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete
PRESIDENT	Cecil E. Ballard	Same as above		☐ Delete
Sec. - Treasurer	Jearme B. Ballard	Same as above		☐ Delete
Board of Directors	Richard V. Ballard	Same as above		☐ Delete
Board of Directors	John S. Ballard	Same as above		☐ Delete
Board of Directors	John S. Ballard	Same as above		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cecil E. Ballard**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-00 **752-735-3213**
 Date Daytime Phone #

CR2E034 (9/99)