

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90117 043 \*\*\*150.00

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DOCUMENT # P98000035579

1. Entity Name

TIGER CREEK, INC.

2600 Karen Dr. MT. DORA FL 32757



Principal Place of Business

2600 KAREN DR.

MT. DORA FL 32757

Mailing Address

2600 KAREN DR.

MT. DORA FL 32757

2. Principal Place of Business

2600 Karen Dr.

Suite, Apt. #, etc.

MT. DORA FL.

City & State

3. Mailing Address

2600 Karen Dr.

Suite, Apt. #, etc.

MT. DORA FL.

City & State



☐ CHECK HERE IF MAKING CHANGES

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

PEARLMAN, CRAIG S  
940 HIGHLAND AVE  
ORLANDO FL 32803

} Same as last year

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cecil E. Ballard

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete

P  
BALLARD, CECIL E  
2600 KAREN DR.  
MT. DORA FL 32757

TITLE NAME ☐ Delete

SM  
BALLARD, JEANNE S  
2600 KAREN DR.  
MOUNT DORA FL 32757

TITLE NAME ☐ Delete

M  
BALLARD, RICHARD Y  
2600 KAREN DR.  
MOUNT DORA FL 32757

TITLE NAME ☐ Delete

M  
BALLARD, TODD  
2600 KAREN DR.  
MOUNT DORA FL 32757

TITLE NAME ☐ Delete

M  
BALLARD, JEFFREY K  
2600 KAREN DR.  
MT. DORA FL 32757

TITLE NAME ☐ Delete

V  
ELLIOTTE, RALPH  
P.O. BOX 9203  
BELLE FL 32619

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 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

Date

Daytime Phone #

3-19-03 352-735-3213

CR2E034 (10/02)