

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000071090

1. Entity Name

TIGER HEAD CATTLE CO., INC.

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90065 001 \*\*\*150.00

08-31-2000 90065 002 \*\*\*400.00

Principal Place of Business

15611 S.W. 110 AVENUE  
DUNNELLON FL 34432

Mailing Address

15611 S.W. 110 AVENUE  
DUNNELLON FL 34432

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number 59-3528597

Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAGGENER, ALLEN M JR.  
15611 S.W. 110 AVENUE  
DUNNELLON FL 34432

7. Name and Address of New Registered Agent

Name JOAN SLEETH, EA

Street Address (P.O. Box Number is Not Acceptable)  
1015 NE 8 AVE

City Ocala

FL

Zip Code 34470

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 JOAN SLEETH

(NOTE: Registered Agent signature required when reinstating)

DATE 7-18-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WAGGENER, ALLEN M JR.  
STREET ADDRESS 15611 S.W. 110 AVENUE  
CITY-ST-ZIP DUNNELLON FL 34432TITLE D ☐ Delete  
NAME MACKAY, GEORGE  
STREET ADDRESS 501 PAWNEE TRAIL  
CITY-ST-ZIP MAITLAND FL 32751TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 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

7-18-00

Date

352-266-7573

Daytime Phone #

CR2E034 (5/00)