

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29381

1. Entity Name

TIGER LILY OF SARASOTA, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90120 037 ***150.00

Principal Place of Business

Mailing Address

5120 FLICKER FIELD CIRCLE
 SARASOTA FL 34231

5120 FLICKER FIELD CIRCLE
 SARASOTA FL 34231-3242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1266 S. TAMMAMI TRAIL
 Suite, Apt. #, etc.

1266 S. TAMMAMI TRAIL
 Suite, Apt. #, etc.

City & State
 Osprey, Florida

City & State
 Osprey, Florida

4. FEI Number 65-0243868

Applied For
 Not Applicable

Zip Country
 34229 SARASOTA

Zip Country
 34229 SARASOTA

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

HARPER, SUSAN D
 5120 FLICKER FIELD CIR
 SARASOTA FL 34231

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME HARPER, E. BROOKS
 STREET ADDRESS 5120 FLICKER FIELD CIR
 CITY-ST-ZIP SARASOTA FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME HARPER, SUSAN D
 STREET ADDRESS 5120 FLICKER FIELD CIR
 CITY-ST-ZIP SARASOTA FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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

SUSAN D. HARPER

Date

3/2/00

Daytime Phone #

941-918-0113

CR2E034 (9/99)