

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749516

1. Entity Name

BAYSHORE TOWERS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90015 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4015 BAYSHORE BLVD.  
TAMPA FL 33611

4015 BAYSHORE BLVD.  
TAMPA FL 33611-1705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2176185

Applied For

Not Applicable

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

UNICORN SERVICES, INC.  
6403 S. CLARK  
TAMPA FL 33616

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☒ Delete  
NAME DUVAL, RON  
STREET ADDRESS 4-15 BAYSHORE BLVD  
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ Change ☒ Addition  
NAME ZHASMAN TAHSINI  
STREET ADDRESS 4015 BAYSHORE BLVD  
CITY-ST-ZIP TAMPA FL 33611

TITLE VPD ☐ Delete  
NAME PRESCOTT, ANDREW  
STREET ADDRESS 4015 BAYSHORE  
CITY-ST-ZIP TAMPA FL

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

TITLE S ☐ Delete  
NAME KJELLAND, SIRI  
STREET ADDRESS 4015 BAYSHORE  
CITY-ST-ZIP TAMPA FL

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

TITLE SD ☒ Delete  
NAME RILEY, LORRINE  
STREET ADDRESS 4015 BAYSHORE  
CITY-ST-ZIP TAMPA FL 33611

TITLE T ☐ Change ☒ Addition  
NAME BETTY MCINVALE  
STREET ADDRESS 4015 BAYSHORE BLVD  
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☒ Delete  
NAME TOSELLI, ADA  
STREET ADDRESS 4015 BAYSHORE BLVD  
CITY-ST-ZIP TAMPA FL

TITLE S ☐ Change ☒ Addition  
NAME JOANNE MILANI CREAMER  
STREET ADDRESS 4015 BAYSHORE BLVD  
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)