

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90209 022 *****70.00

DOCUMENT # N10480

1. Entity Name

BAYSHORE PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2314 CLEWIS COURT
TAMPA FL 33629
US**

Mailing Address

**2314 CLEWIS COURT
TAMPA FL 33629
US**

2. Principal Place of Business

1207 N Himes AVE

3. Mailing Address

1207 N Himes AVE

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33607

Country

Zip

33607

Country

4. FEI Number **59-2753184**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**UNIQUE PROPERTY SERVICE, INC
115 5 DALE MABRY HWY
STE 300
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1207 N Himes AVE

Suite 3

City

TAMPA

FL

Zip Code

33607

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TUISKI, CONNIE L	
STREET ADDRESS	2314 CLEWIS CT. #202	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SYZDLO, SALLY	
STREET ADDRESS	2314 CLEWIS CT. #103	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JORGANSON, SCOTT	
STREET ADDRESS	2314 CLEWIS CT 303	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEISSER, CHRISTINE	
STREET ADDRESS	2314 CLEWIS CT 305	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON BARRETT	
STREET ADDRESS	2314 S. CLEWIS CT 201	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRACY JESSELL	
STREET ADDRESS	2314 S. CLEWIS COURT #203	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRIE BAKER	
STREET ADDRESS	2314 S. CLEWIS COURT #104	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOREN GAUGH	
STREET ADDRESS	2314 S. CLEWIS COURT #104	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Registered Agent

5/2/03

CR2E037 (10/02)