

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009792 AF

DOCUMENT # A00000000593

1. Entity Name

SHORECREST HOLDINGS, LTD.

FILED

01 MAY -1 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE STEINBRENNER DRIVE  
TAMPA FL 33614

Mailing Address

ONE STEINBRENNER DRIVE  
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3671520

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TATE, MARK T ESQ.

501 E. KENNEDY BLVD., SUITE 1400  
TAMPA FL 33602

Name

Tate, Mark T. Esq.

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

418 W. Platt Street

City

Tampa

FL

Zip Code

33606

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.

(NOT) Registered Agent signature required when reinstating

DATE

9. Capital Contributions  
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

2,100,000 -

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F00000001939  
NAME KINSMAN PROPERTIES CORPORATION  
STREET ADDRESS ONE STEINBRENNER DRIVE  
CITY-ST-ZIP TAMPA FL 33614

STREET ADDRESS

000004288850--3

CITY-ST-ZIP

-05/23/01--01015--017  
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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Mark T. Tate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4/30/01

Daytime Phone #

813-673-3130

CR2E003 (11/00)