

# 2001 UNIFORM BUSINESS REPORT (UBR)

000632 AF

DOCUMENT # **A18757**

1. Entity Name

TAMPA EASTSHORE, LTD.

Principal Place of Business

5445 MARINER ST #104  
TAMPA FL 33609-3415

Mailing Address

5445 MARINER ST #104  
TAMPA FL 33609-3415

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2471763

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

IRVING, PETER  
5445 MARINER ST., #104  
TAMPA FL 33609-3415

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. Capital Contributions  
as Shown on record.

\$7,054,600.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$5,211,515.00

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 #  
NAME BAXTER, GEORGE J.  
STREET ADDRESS 5005 SAN JOSE ST  
CITY-ST-ZIP TAMPA FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME IRVING, PETER  
STREET ADDRESS 14900 GULF BLVD.#402  
CITY-ST-ZIP MADEIRA BCH. FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME TAUB, THEODORE C.  
STREET ADDRESS 4937 LYFORD CAY RD  
CITY-ST-ZIP TAMPA, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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:

*Peiganture Required* *General Partner* *3/19/01* *813-282-1873*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)