

# 2002 UNIFORM BUSINESS REPORT (UBR)

UBR 1

DOCUMENT # **A18757**

1. Entity Name

**TAMPA EASTSHORE, LTD.**

**FILED**

**02 APR 18 PM 2:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business

**5445 MARINER ST #104  
TAMPA FL 33609-3415**

Mailing Address

**5445 MARINER ST #104  
TAMPA FL 33609-3415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5445 Mariner St. #110**

**5445 Mariner ST. #110**

City & State

City & State

**Tampa FL**

**Tampa FL**

Zip

Country

Zip

Country

**33609-3415**

**USA**

**33609-3415**

**USA**

**DUE BY MAY 1, 2002**

4. FEI Number

**59-2471763**

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

**IRVING, PETER**

**5445 MARINER ST., #104**

**TAMPA FL 33609-3415**

Name

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

**5445 Mariner St. #110**

City **Tampa**

**FL**

Zip Code

**33609-3415**

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

*Peter Irving*

**Peter Irving, GEN.PTR.**

**4-12-02**

DATE

9. Capital Contributions  
as Shown on record.

**\$7,054,600.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$5,288,115**

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 #	<b>BAXTER, GEORGE J.</b>
NAME	<b>5005 SAN JOSE ST</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY-ST-ZIP	
DOCUMENT #	<b>IRVING, PETER</b>
NAME	<b>14900 GULF BLVD.#402</b>
STREET ADDRESS	<b>MADEIRA BCH. FL</b>
CITY-ST-ZIP	
DOCUMENT #	<b>TAUB, THEODORE C.</b>
NAME	<b>4937 LYFORD CAY RD</b>
STREET ADDRESS	<b>TAMPA, FL</b>
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	<b>4963 Bacopa Lane So. Apt 803</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33715</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800005349878--0</b>
CITY-ST-ZIP	<b>-04/26/02--01004--003</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*Peter Irving*

**Peter Irving, GEN.PTR.**

**4-12-02**

**813-282-1873**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)