

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013387
AT

DOCUMENT # A18757

1. Entity Name
TAMPA EASTSHORE, LTD.



FILED

03 APR 22 PM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5445 MARINER ST #110
TAMPA FL 33609-3415

Mailing Address
5445 MARINER ST #110
TAMPA FL 33609-3415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

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., #110
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$7,054,600.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$5,288,115.00

11. MAKE CHECK PAYABLE TO FL. 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 4963 BACOPA LN SO. APT 803
CITY-ST-ZIP ST PETERSBURG FL 33715

STREET ADDRESS

CITY-ST-ZIP

900016680389
04/22/03--01058--003 **\$26.25

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

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-16-03

813-282-1873

Date

Daytime Phone #

CR2E003 (10/02)

SIAPLE CUREN HERE