

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001681**

1. Entity Name

WESTSHORE GROUP LTD

Principal Place of Business

Mailing Address

2. Principal Place of Business

5300 W. KNOX ST

3. Mailing Address

PO BOX 15216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL 33634

City & State

TAMPA FL 33684-5216

4. FEI Number

59-3342578

Applied For

Not Applicable

Zip

33634

Country

Zip

33684-5216

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HYMAN, DAVID

PO BOX 15216

TAMPA FL 33684-5216

7. Name and Address of New Registered Agent

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. **1,720,000.00**

10. Amount of Capital Contributions

in FLORIDA to date.

**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

DOCUMENT #
NAME **ELOZORY, LIONEL TRUSTEE**
STREET ADDRESS **5300 W. KNOX ST.**
CITY-ST-ZIP **TAMPA FL 33634**

DOCUMENT #
NAME **HYMAN, DAVID TRUSTEE**
STREET ADDRESS **5300 W. KNOX ST**
CITY-ST-ZIP **TAMPA FL 33634**

DOCUMENT #
NAME **TELLES, LEANDRO**
STREET ADDRESS **5300 W. KNOX ST**
CITY-ST-ZIP **TAMPA FL 33634**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-18-00

813-884-2561

CR2E003 (9/99)