

2001 UNIFORM BUSINESS REPORT (UBR)

0009867 AF

DOCUMENT # **A96000001794**

1. Entity Name
BAYSHORE HOTEL, LTD.

Principal Place of Business
**9260 BAY PLAZA BLVD., #501
TAMPA FL 33619**

Mailing Address
**9260 BAY PLAZA BLVD., #501
TAMPA FL 33619**

FILED

01 APR -4 AM 8:05

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

Zip

Country

Zip

Country

4. FEI Number

59-3401728

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

LEWIS JR, JAMES W

~~**4601 CLARKSDALE LANE**~~

BRANDON FL 33511

address change only →

Name **Lewis, James W. Jr**

Street Address (P.O. Box Number is Not Acceptable)
9331 W. Adamo Drive

Suite 200

City **Tampa**

FL

Zip Code **33619**

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.

\$3,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000079213**
NAME **BAYSHORE HOTEL CORPORATION**
STREET ADDRESS **9260 BAY PLAZA BLVD., #501**
CITY-ST-ZIP **TAMPA FL 33619**

STREET ADDRESS **9331 W. Adamo DR #200**
CITY-ST-ZIP **Tampa, FL 33619**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME / SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/30/01

813-621-8199

CR2E003 (11/00)