

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013622 AT

DOCUMENT # A96000001794

1. Entity Name
BAYSHORE HOTEL, LTD.



Principal Place of Business
9331 W. ADAMS DR., STE. 200
TAMPA FL 33619

Mailing Address
9331 W. ADAMS DR., STE. 200
TAMPA FL 33619

FILED

2003 MAR -3 AM 8:40

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

9331 W. Adamo Dr #200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

Tampa FL

4. FEI Number 59-3401728

Applied For

Not Applicable

Zip

Country

Zip

33619

Country

Hillsborough

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
9331 W. ADAMS DR., STE. 200
TAMPA FL 33619

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.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P96000079213
NAME BAYSHORE HOTEL CORPORATION
STREET ADDRESS 9331 W. ADAMS DR. #200
CITY-ST-ZIP TAMPA FL 33619

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

2/10/03

(813) 621-8199

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE