

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040411

1. Entity Name

CASA DE BAYSHORE, INC. ✓

Principal Place of Business

5028 FISHER STREET
ZEPHYRHILLS FL 33541

Mailing Address

5028 FISHER STREET
ZEPHYRHILLS FL 33541

2. Principal Place of Business

5028 FISHER STREET

Suite, Apt. #, etc.

3. Mailing Address

10912 N. 56TH STREET

Suite, Apt. #, etc.

D

City & State

ZEPHYRHILLS FL

City & State

TEMPLE TERRACE FL

Zip

33541

Country

USA

Zip

33617

Country

USA

4. FEI Number

59-3375720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSS, TRENT C
5028 FISHER STREET
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name TRENT C. GOSS

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

10912 N. 56TH STREET

STE D

City

TEMPLE TERRACE

FL

Zip Code

33617

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

7-10-2000

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME GOSS, TRENT C
STREET ADDRESS 5028 FISHER STREET
CITY-ST-ZIP ZEPHYRHILLS FL 33541 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME TRENT C. GOSS
STREET ADDRESS 10912 N. 56TH STREET
CITY-ST-ZIP TEMPLE TERRACE, FL 33617 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-2000

Date

813-984-1533

Daytime Phone #

CR 13034 1/01/01