

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048266

1. Entity Name

BAYSHORE ASSET MANAGEMENT, INC.

FILED

Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90034 031 \*\*\*150.00

Principal Place of Business

Mailing Address

9260 BAY PLAZA BLVD.  
#501  
TAMPA FL 33619  
US

9260 BAY PLAZA BLVD.  
#501  
TAMPA FL 33619-4458  
US

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

59-3389708

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

LESTER, EDGEL C JR, ESQ  
CARLTON FIELDS  
ONE HARBOUR PLACE  
TAMPA FL 33602

Name

James W. Lewis JR

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

4601 Clarksdale Lane

City

BRANDON

FL

Zip Code

33511

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

James W. Lewis JR 3/2/00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, JAMES C	
STREET ADDRESS	4507 COUNTRY GATE CT	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, CHRISTOPHER	
STREET ADDRESS	4609 CLARKSDALE LN	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, BETH C	
STREET ADDRESS	4507 COUNTRY GATE CT.	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis James W.	
STREET ADDRESS	9260 Bay Plaza Blvd #501	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis Christopher	
STREET ADDRESS	9260 Bay Plaza Blvd. #501	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis Beth C.	
STREET ADDRESS	9260 Bay Plaza Blvd #501	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Beth C. Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

813-621-8199

Daytime Phone #

CR2E034 (9/99)