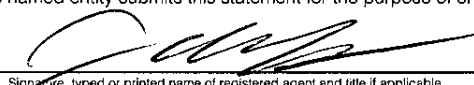


2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90657 037 ***150.00

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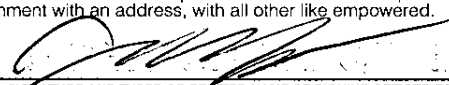
DOCUMENT # P96000079213			
1. Entity Name BAYSHORE HOTEL CORPORATION			
Principal Place of Business 9260 BAY PLAZA BLVD. SUITE 501 TAMPA FL 33619		Mailing Address 9260 BAY PLAZA BLVD. SUITE 501 TAMPA FL 33619	
2. Principal Place of Business 9331 W. Adamo DR		3. Mailing Address 9331 W. Adamo DR	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State Tampa		City & State Tampa	
Zip 33619	Country USA	Zip 33619	Country USA
6. Name and Address of Current Registered Agent LEWIS, JAMES W JR 9331 W ADAMS DRIVE SUITE 200 TAMPA FL 33619		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  (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete ABRAHAMSON, SUSAN R.L. 5341 GULF OF MEXICO DR. LONGBOAT KEY FL 34228		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ABRAHAMSON, JAMES A 5341 GULF OF MEXICO DR. LONGBOAT KEY FL 34228		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete LEWIS, CHRISTOPHER R 9331 W ADAMO DRIVE # 200 TAMPA FL 33619		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete LEWIS, JAMES W JR. 9331 W ADAMO DRIVE # 200 TAMPA FL 33619		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEWIS, BETH C 9331 W ADAMO DRIVE # 200 TAMPA FL 33619		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		



DO NOT WRITE IN THIS SPACE

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

Date

Daytime Phone #

2/27/02 803 621 8199

CR2E03 (9/01)