

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90497 016 ***150.00

DOCUMENT # P96000079213

1. Entity Name
BAYSHORE HOTEL CORPORATION



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

Mailing Address
**9331 W. ADAMS DR
200
TAMPA FL 33619**



2. Principal Place of Business

3. Mailing Address

9331 W. Adamo Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

City & State

Tampa FL

Zip

Country

Zip

FL 33619

Country

Hillsborough

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3401727**

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, JAMES W JR
9331 W ADAMS DRIVE
SUITE 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	ABRAHAMSON, SUSAN R.L.	
STREET ADDRESS	5341 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	P	<input type="checkbox"/> Delete
NAME	ABRAHAMSON, JAMES A	
STREET ADDRESS	5341 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIS, CHRISTOPHER R	
STREET ADDRESS	9331 W ADAMO DRIVE # 200	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEWIS, JAMES W JR.	
STREET ADDRESS	9331 W ADAMO DRIVE # 200	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, BETH C	
STREET ADDRESS	9331 W ADAMO DRIVE # 200	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03
Date

813-621-8199
Daytime Phone #

CR2E034 (10/02)