## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9900058642

1. Entity Name

## BAYSHORE REDMONT, INC.

Principal Place of Business

Mailing Address

BAY PLAZA BLVD. SUITE 501 TAMPA FL 33619

9260 BAY PLAZA BLVD. SUITE 501 TAMPA FL 33619-4458



Zip Country Zip Country 5, Certificate of Status Desired \$8.75 A Fee Required Agent 7, Name and Address of New Registered Agent Name  HANEY, R REID 101 E KENNEDY BLVD, SUITE 4100 Street Address (P.O. Box Number is Not Acceptable)  6. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Co.  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  9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00  10. Election Campaign Financing \$5	Applied For lot Applicable dditional red
City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  \$8.75 A Fee Requi  Registered Agent  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  City  FL	lot Applicable dditional red
Zip Country Zip Country 5, Certificate of Status Desired Sec. 75 7 8 Fee Requi  6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Name  HANEY, R REID 101 E KENNEDY BLVD, SUITE 4100  TAMPA FL 33602  City FL Zip Co  City FL Zip Co  City FL Zip Co  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  9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Add Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	lot Applicable dditional red
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CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	

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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA SEP SIGNING OFFICER OR DIRECTOR