

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058642

1. Entity Name

BAYSHORE REDMONT, INC.

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91242 025 \*\*\*150.00

Principal Place of Business

9260 BAY PLAZA BLVD. SUITE 501  
TAMPA FL 33619

Mailing Address

9260 BAY PLAZA BLVD. SUITE 501  
TAMPA FL 33619

551576

2. Principal Place of Business

9331 W. Adamo DR

Suite, Apt. #, etc.

200

City & State

Tampa, FL

Zip

33619

Country

Hillsborough

3. Mailing Address

9331 W. Adamo DR

Suite, Apt. #, etc.

200

City & State

Tampa, FL

Zip

33619

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3587578

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANEY, R REID  
101 E KENNEDY BLVD, SUITE 4100  
TAMPA FL 33602

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

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  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE D ☐ Delete  
NAME LEWIS, JAMES W JR  
STREET ADDRESS 9260 BAY PLAZA BLVD, SUITE 501  
CITY-ST-ZIP TAMPA FL 33619

TITLE D ☐ Delete  
NAME LEWIS, CHRISTOPHER R  
STREET ADDRESS 9260 BAY PLAZA BLVD, SUITE 501  
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01

813-621-8199

CR2E034 (10/00)