

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90054 041 \*\*\*150.00

0569360

**DOCUMENT # F96000002822**

1. Entity Name

**KEY WEST FLORIDA HOTEL CORP.**

Principal Place of Business  
**14180 DALLAS PARKWAY SUITE 700**  
**DALLAS TX 75240**

Mailing Address  
**14180 DALLAS PARKWAY SUITE 700**  
**DALLAS TX 75240**

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 **65-0667008**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FISHER, RICHARD L	
STREET ADDRESS	299 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	EDELMAN, MARTIN L	
STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KIMICHIK, DAVID	
STREET ADDRESS	14180 DALLAS PKWY	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROOKS, DAVID A	
STREET ADDRESS	14180 DALLAS PKWY	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LELAND, MARC	
STREET ADDRESS	1001 19TH STREET N	
CITY-ST-ZIP	ARLINGTON VA 22209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENNETT, MONTY	
STREET ADDRESS	14180 DALLAS PKWY	
CITY-ST-ZIP	DALLAS TX 75240	

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		

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

3-28-01

Date

972-778-9283

Daytime Phone #

CR2E034 (10/00)