

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90069 019 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 99000050148  
 1. Entity Name  
Kelco Gold Street Hotels, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2700 S. Commerce Pkway  
 Suite, Apt. #, etc. 313  
 City & State Weston, FL  
 Zip 33331 Country \_\_\_\_\_

3. Mailing Address  
SAME  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

A. FEI Number 65-0924298  
 Applied For \_\_\_\_\_  
 Not Applicable \_\_\_\_\_  
 5. Certificate of Status Desired \*  - \$8.75 Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name Kelley D. SLAY  
 Street Address (P.O. Box Number is Not Acceptable)  
2700 S. Commerce PARKWAY, Ste 313  
 City Weston FL Zip Code 33331

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)  
 January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended-UBR is \$61.25  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D Kelley D. SLAY 2494 Princeton Ct. Weston, FL 33327</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/D Richard J. Spillett 17 Dunbar Circle PALM BCH. GARDENS, FL 33418</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kelley D SLAY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 4/16/02 9543842428  
 Daytime Phone # \_\_\_\_\_

CR2E034B (12/01)