FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90071 033 ***150.00

DOCUMENT # 303308

1. Entity Name
FLORIDA EAST COAST HOTEL COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
The Breakers Palm Beach Inc.
One S. County Rd.
Palm Beach, FL
Zip 33480 Country US

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

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0303308
☐ 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: PAUL N. LEONE
Street Address (P.O. Box Number is Not Acceptable): C/o The Breakers Hotel
One South County Rd
City: Palm Beach FL Zip Code: 33480

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	C	TITLE	
NAME	Kenan, James G. III	NAME	
STREET ADDRESS	212 Barrow Rd.	STREET ADDRESS	
CITY-ST-ZIP	Lexington, KY	CITY-ST-ZIP	
TITLE	DVC	TITLE	
NAME	Kenan, Owen G.	NAME	
STREET ADDRESS	1011 Pinehurst Dr.	STREET ADDRESS	
CITY-ST-ZIP	Chapel Hill, NC	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	Gilmurray, Alex	NAME	
STREET ADDRESS	13412 Chelmsford St.	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	West Palm Beach, FL	CITY-ST-ZIP	
TITLE	P	TITLE	IN THIS SPACE
NAME	Leone, Paul N.	NAME	
STREET ADDRESS	One S. County Rd.	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach, FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Paul N. Leone 2/06/02 561-655-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)