

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90047 043 ***150.00

DOCUMENT # 564450

1. Entity Name
KEY BISCAINE LAND CORPORATION



Principal Place of Business
C/O SONESTA HOTELS
200 CLARENDON ST 41ST FL
BOSTON MA 02116

Mailing Address
C/O SONESTA HOTELS
200 CLARENDON ST 41ST FL
BOSTON MA 02116



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

116 Huntington Avenue, Fl. 9

Suite, Apt. #, etc.

Boston, MA

City & State

Zip
02116

Country

3. Mailing Address

116 Huntington Avenue, Fl. 9

Suite, Apt. #, etc.

Boston, MA

City & State

Zip
02116

Country

4. FEI Number 06-0974518

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **SONNABEND, ROGER**
STREET ADDRESS **200 CLARENDON ST 41ST FL**
CITY-ST-ZIP **BOSTON MA 02116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **116 Huntington Avenue, Floor 9**
CITY-ST-ZIP **Boston, MA 02116**

TITLE **PD** ☐ Delete
NAME **SONNABEND, STEPHEN**
STREET ADDRESS **350 OCEAN DRIVE**
CITY-ST-ZIP **KEY BISCAINE FL 33149**

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

TITLE **VSD** ☐ Delete
NAME **SONNABEND, PETER**
STREET ADDRESS **200 CLARENDON ST 41ST FL**
CITY-ST-ZIP **BOSTON MA 02116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **116 Huntington Avenue, Floor 9**
CITY-ST-ZIP **Boston, MA 02116**

TITLE **VTD** ☐ Delete
NAME **VAN RIEL, BOY A.J.**
STREET ADDRESS **200 CLARENDON ST 41ST FL**
CITY-ST-ZIP **BOSTON MA 02116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **116 Huntington Avenue, Floor 9**
CITY-ST-ZIP **Boston, MA 02116**

TITLE **AS** ☐ Delete
NAME **RAKOUSKAS, DAVID A.**
STREET ADDRESS **200 CLARENDON ST 41ST FL**
CITY-ST-ZIP **BOSTON MA 02116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **116 Huntington Avenue, Floor 9**
CITY-ST-ZIP **Boston, MA 02116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter J. Sonabend, VP & Sec.

1/10/03

Date

Printing Phone #

CR2E034 (10/02)