## 1/19/00-90088-026-\$61.25-\$61.25 FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **758295** 1. Entity Name KEY WEST HOTEL & MOTEL ASSOCIATION, INC. 01-19-2000 90088 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 3152 NORTHSIDE DRIVE 3152 NORTHSIDE DRIVE SUITE 101 SUITE 101 D0003925 KEY WEST FL 33040 KEY WEST FL 33040-8006 IIS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0368372 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SMITH, JACK 3620 NORTHSIDE COURT KEY WEST FL 33040 City Zip Code FL 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 reinstablig) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE **EVP** ☐ Delete TITLE NAME NAME SMITH, JACK STREET ADDRESS STREET ADDRESS 3152 NORTHSIDE DR., STE 101 CITY-ST-ZIP CITY-ST-ZIP KEY WEST, FL 00000 XI Deleta TITLE Change **X** Addition MICHAEL PROJMOS TITLE NAME PRESIDENT NAME JEFFERSON, WEBB STREET ADDRESS STREET ADDRESS 1500 REYNOLDS ST 2801 N ROOSEVELT BLVD CITY-ST-ZIP CITY-ST-ZIP HEY WEST, FL. 35040 KEY WEST FL Change ☐ Addition TITLE PD Defete TITLE PPD MAIT BABICH NAME NAME BABICH, MATT STREET ADDRESS STREET ADDRESS 1319 DUVAL ST

TRETISHER ROOSEVELT BLUD STARR, RITA STREET ADORESS **601 FRONT ST** STREET ADDRESS KEY WEST, FL 33040 CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 Delete TITLE VP ☐ Change Addition DOUG WRIGHT NAME NAME SHURMUR, JOE 3841 N. ROOSEVELT BLUD STREET ADDRESS STREET ADDRESS 3755 \$ ROOSEVELT BLVD CITY - ST- ZiP CITY-ST-ZIP MEY WEST, FL. 33040 KEY WEST FL SECTRARY Delete. ☐ Change ☐ Addition TITLE SD TITLE CHRIS ALDIERI NAME TUCKMAN, GLENN GOIFRONT ST STREET ADDRESS STREET ADDRESS 1500 REYNOLDS ST KEY WEST, FL. 33040 CITY-ST-7IP CITY-ST-ZIP KEY WEST FL 33040

CITY-ST-ZIP

TITLE

NAME

Delete

MICHAEL HNOWLES

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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

CITY-ST-ZIP

TITLE

NAME

KEY WEST FL

TD

Change

Addition