

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

DOCUMENT # F94000001466

1. Entity Name

HTS-Key West, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 W. Madison

3. Mailing Address
200 W. Madison

Suite, Apt. #, etc.
41st Floor

Suite, Apt. #, etc.
41st Floor

City & State
Chicago, IL

City & State
Chicago, IL

Zip
60606

Country
USA

Zip
60606

Country
USA

4. FEI Number
36-3942758

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1201 Hayes Street, Suite 105

City
Tallahassee

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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

**P
Pritzker, Nicholas J.
200 W. Madison
Chicago, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200006945452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VSTD
Handelsman, Harold S.
200 W. Madison
Chicago, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
Hays, Sara
200 W. Madison
Chicago, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
Pritzker, Thomas J.
200 W. Madison
Chicago, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
Cheverton, Ian
450 Carillon Parkway
St. Petersburg, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
Borg, Frank
200 W. Madison
Chicago, IL 60606**

TITLE
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)(f), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold S. Handelsman, VP, Secy. & Treas.

8/2/02

Date

312-750-1234

Daytime Phone #

APPROVED
AND
FILED

02 AUG -7 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E034B (12/01)



ACCOUNT NO. : 072100000032

REFERENCE : 679138 . . 4322610

AUTHORIZATION :

COST LIMIT : \$ 550.00

ORDER DATE : July 25, 2002

ORDER TIME : 10:36 AM

ORDER NO. : 679138-005

CUSTOMER NO: 4322610

CUSTOMER: Ms. Charmaine R. Black
Hyatt Hotels Corporation
200 West Madison Street

Chicago, IL 60606

RECEIVED
02 AUG - 7 AM 11:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HTS-KEY WEST, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____