

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # F95000000678

1. Entity Name

STARWOOD LAND, INC.

00 FEB 28 PM 3:46

Principal Place of Business

Mailing Address

591 WEST ATLANTIC AVE  
GREENWICH CT 06830  
US

591 WEST ATLANTIC AVE  
GREENWICH CT 06830  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

591 West Putnam Ave

3. Mailing Address

591 West Putnam Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenwich CT

City & State

Greenwich CT

Zip

06830

Country

USA

Zip

06830

Country

USA

4. FEI Number

06-1404672

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 RD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

000003180520-3

-03/22/00--01094--006

City

\*\*\*200.00 \*\*\*150.00  
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.

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 CP ☐ Delete  
NAME STERNLICHT, BARRY S  
STREET ADDRESS 591 WEST ATLANTIC AVE  
CITY-ST-ZIP GREENWICH CT 06830

TITLE VAS ☐ Delete  
NAME GROSE, MADISON F  
STREET ADDRESS 591 WEST ATLANTIC AVE  
CITY-ST-ZIP GREENWICH CT 06830

TITLE EVP ☐ Delete  
NAME SILVEY, JEROME C  
STREET ADDRESS 591 WEST ATLANTIC AVE  
CITY-ST-ZIP GREENWICH CT 06830

TITLE V ☐ Delete  
NAME KLEEMAN, RICK  
STREET ADDRESS 591 WEST ATLANTIC AVE  
CITY-ST-ZIP GREENWICH CT 06830

TITLE V ☐ Delete  
NAME EILIAN, JONATHAN  
STREET ADDRESS 591 WEST ATLANTIC AVE  
CITY-ST-ZIP GREENWICH CT 06830

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☒ Change ☐ Addition  
NAME BARRY S. Sternlicht  
STREET ADDRESS 591 W. Putnam Ave  
CITY-ST-ZIP GREENWICH CT 06830

TITLE VAS ☒ Change ☐ Addition  
NAME MADISON F Grose  
STREET ADDRESS 591 W. Putnam Ave  
CITY-ST-ZIP GREENWICH CT 06830

TITLE EVP ☒ Change ☐ Addition  
NAME Jerome C. Silvey  
STREET ADDRESS 591 West Putnam Ave  
CITY-ST-ZIP GREENWICH CT 06830

TITLE V ☒ Change ☐ Addition  
NAME MERRICK KLEEMAN  
STREET ADDRESS 591 W. Putnam Ave  
CITY-ST-ZIP GREENWICH CT 06830

TITLE V ☒ Change ☐ Addition  
NAME Jonathan Eilian  
STREET ADDRESS 591 W. Putnam Ave  
CITY-ST-ZIP GREENWICH CT 06830

TITLE ☐ Change ☐ Addition  
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)(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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)