

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000005429**

1. Entity Name

KEYSTONE GROUP HOLDINGS, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90104 012 ***150.00

Principal Place of Business

**100 N. TAMPA ST., #3100
TAMPA FL 33602**

Mailing Address

**100 N. TAMPA ST., #3100
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3405762

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VON HORN, BRENT N
100 N. TAMPA ST., #3100
TAMPA FL 33602**

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.

SIGNATURE _____

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

(NOTE: Registered Agent's 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD HORN, ROBERT G 100 N. TAMPA ST., #3100 TAMPA FL	<input type="checkbox"/>		
VTSD TIDWELL, STEVEN A 100 N. TAMPA ST., #3100 TAMPA FL	<input type="checkbox"/>		
D RAUNER, BRUCE 6100 SEARS TOWER CHICAGO IL 60606	<input type="checkbox"/>		
D DONNINI, DAVID A 6100 SEARS TOWER CHICAGO IL 60606	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

Robert G. Horn, President

Date

1-02-01

Daytime Phone #

813/225-4650

CR2E034 (10/00)