

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000005429

1. Entity Name
KEYSTONE GROUP HOLDINGS, INC.



Principal Place of Business

400 N ASHLEY DR
STE 1900
TAMPA, FL 33602

Mailing Address

400 N ASHLEY DR
STE 1900
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

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

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

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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. 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HORN, ROBERT G
STREET ADDRESS 400 N ASHLEY DR STE 1900
CITY-ST-ZIP TAMPA, FL 33602

TITLE VTSD
NAME TIDWELL, STEVEN A
STREET ADDRESS 400 N ASHLEY DR STE 1900
CITY-ST-ZIP TAMPA, FL 33602

TITLE D
NAME RAUNER, BRUCE
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO, IL 60606

TITLE D
NAME DONNINI, DAVID A
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brent N. VonHorn, SVP

Date

1-7-04

Daytime Phone #

813/225-4650