

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002800

1. Entity Name

WESTGROUP OCEAN KEY HOUSE, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90003 046 ***150.00

Principal Place of Business
 570 KIRKLAND WAY
 KIRKLAND WA 98033

Mailing Address
 570 KIRKLAND WAY
 KIRKLAND WA 98033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-1541726**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 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	DP	<input type="checkbox"/> Delete
NAME	COLEE, PATRICK R	
STREET ADDRESS	25 CENTRAL WAY, STE. 400	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNGREN, JAMES W	
STREET ADDRESS	25 CENTRAL WAY, STE. 400	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILBRICK, GARY	
STREET ADDRESS	25 CENTRAL WAY, STE. 400	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, PHILIP A	
STREET ADDRESS	25 CENTRAL WAY, STE. 400	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	S	<input type="checkbox"/> Delete
NAME	DONOGHUE, JOHN M	
STREET ADDRESS	25 CENTRAL WAY, STE. 400	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENECKE, MICHAEL J	
STREET ADDRESS	25 CENTRAL WAY, STE. 400	
CITY-ST-ZIP	KIRKLAND WA 98033	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	570 KIRKLAND WAY
CITY-ST-ZIP	KIRKLAND WA 98033
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	570 KIRKLAND WAY
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	570 KIRKLAND WAY
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	570 KIRKLAND WAY
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: *Michael J. Benner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

(425) 827-8737

Daytime Phone #

CR2E034 (10/00)