

DOCUMENT # **G17478**

1. Entity Name

**KEYSTONE HOTEL COMPANY, INC.**

*R*

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90022 035 \*\*\*150.00

Principal Place of Business

**801 GULF WAY  
ST. PETERSBURG BEACH FL 33706**

Mailing Address

**801 GULF WAY  
ST. PETERSBURG BEACH FL 33706**



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

**59-2260738**

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

**FALKENSTEIN, MARY.  
801 GULF WAY  
ST. PETERSBURG FL 33706**

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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  Delete  
NAME **PST FALKENSTEIN, MARY**  
STREET ADDRESS **1705 PASSE-A-GRILLE WAY**  
CITY-ST-ZIP **ST PETE BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Mary Falkenstein*

*7/5/2000 127-360-1313*

Date

Daytime Phone #

Attachment  
D# 317478  
DW69966



**Keystone**  
MOTEL

7/5/2000

Fla Dep. of State  
Division of Corp-  
Lachin Harris  
To whom it may concern:

Enclosed is ck. \$150.00 so sorry that  
I did not receive my first Corp. Report,  
I was shocked when I saw second notice  
that I received to day.  
Thank you in advance for any consideration  
you can give me -

Thanks again  
Mary B. Falkenstein