

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -9 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009383

1. Entity Name

KEY WEST EMPLOYEE HOUSING, LLC

Principal Place of Business

626 Whitehead Street
Key West, FL 33040

Mailing Address

6000 Executive Blvd.
7th Floor
Rockville, MD 20852

2. Principal Place of Business

626 Whitehead Street
Suite, Apt. #, etc.

3. Mailing Address

6000 Executive Blvd.
Suite, Apt. #, etc.
7th Floor

DO NOT WRITE IN THIS SPACE

City & State

Key West, FL

City & State

Rockville, MD

4. FEI Number

65-0980141

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

20852

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Wayne LaRue Smith
The Smith Law Firm
Trib Bank Building
330 Whitehead Street
Suite 201
Key West, FL 33040

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: Manager
NAME: Joel S. Meisel
STREET ADDRESS: 6000 Executive Blvd. 7th Floor
CITY-ST-ZIP: Rockville, MD 20852

☐ Delete

10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/1/00

Date

Daytime Phone #

CR2E083 (1/199)