

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90033 040 ****50.00

DOCUMENT # M00000002210

1. Entity Name

THE KEY EVENT GROUP, LLC

Principal Place of Business

**7125 SOMERTON BLVD.
 ORLANDO FL 32819**

Mailing Address

**7125 SOMERTON BLVD.
 ORLANDO FL 32819**

903706

2. Principal Place of Business

8360 Tibet Butter Dr.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Windermere, FL

City & State

Windermere, FL

4. FEI Number

62-1720146

Applied For

Not Applicable

Zip

Country

34786 Orange

Zip

Country

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOODKE HERSHISER, VALERIE
 7125 SOMERTON BLVD.
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **Valerie W. Hershiser**
 Street Address (P.O. Box Number is Not Acceptable) **8360 Tibet Butter Drive**
 City **Windermere** FL Zip Code **34786**

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

Valerie W. Hershiser

1/7/01

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **WHITE, MEARS**
 CITY-ST-ZIP **1612 BOSCOBEL ST.
 NASHVILLE TN 37206**

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

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **BERTANI, ELIZABETH**
 CITY-ST-ZIP **2023 GALBRAITH DRIVE
 NASHVILLE TN 37215**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Valerie W. Hershiser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/7/01

Date

407-876-8484

Daytime Phone #

CR2E083 (9/01)