2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P97000083980 Apr 17, 2000 8:00 am Secretary of State KWVC-BEACH HOUSE INC. 04-17-2000 90085 043 ***150.00 Mailing Address Principal Place of Business 600 FRONT ST., STE. B7 600 FRONT ST., STE. B7 KEY WEST FL 33040-6687 KEY WEST FL 33040 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For 4. FEI Number 65-0459734 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SPOTTSWOOD, ROBERT A -600 FRONT ST., STE. B7 KEY WEST FL 33040 Zip Code FL or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sabmits this statement DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE SPOTTSWOOD, ROBERT A NAME NAME 506 Fleming Street STREET ADDRESS STREET ADDRESS 600 FRONT ST., STE. B7 Key West, FL 33040 CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 X Change Addition ☐ Delete TITLE TITLE. SPOTTSWOOD, JOHN M NAME NAME 506 Fleming Street STREET ADDRESS STREET ADDRESS 600 FRONT ST., STE. B7 CITY-ST-ZIP Key West, FL 33040 CITY-ST-ZIP KEY WEST FL 33040 ☐ Addition Change Change ☐ Delete TITLE TITLE NAME NAME SPOTTSWOOD, WILLIAM B 506 Fleming Street 600 FRONT ST., STE. B7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Key West, FL 33040 CITY-ST-ZIP KEY WEST FL 33040 Addition ☐ Change ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the corporation of the receiver or trustee empowered execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of changed, or on an attachment with