2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2001 8:00 am Secretary of State DOCUMENT # **P97000102657** SWIRE HOTEL DEVELOPMENT INC. 03-01-2001 90014 019 ***150.00 Principal Place of Business Mailing Address 501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE SUITE 600 SUITE 600 11111211582 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0816112 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOLAND, GREGG E Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DRIVE SUITE 600 **MIAMI FL 33131** City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DVP Addition CR2E034 (10/00) TITLE TITLE 0 ☐ Delete KELLY, J. MEGAN NAME NAME STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 COB TITLE ☐ Delete TITLE Change Addition KERR. KEITH G NAME NAME STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Addition ☐ Delete TITLE Change TITLE OWENS, STEPHEN L NAME NAME STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** OST ☐ Delete TITLE ___ Change X Addition TITLE TOLAND, GREGG E NAME NAME STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 600 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

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TITLE

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MIAMI FL 33131

CARBY, BEVERLY

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501 BRICKELL KEY DRIVE, STE 600

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