

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90089 027 ***150.00

DOCUMENT # P97000102660

1. Entity Name
SWIRE LIMITED HOTEL INC.

Principal Place of Business Mailing Address
501 BRICKELL KEY DRIVE **501 BRICKELL KEY DRIVE**
SUITE 600 **SUITE 600**
MIAMI FL 33131 **MIAMI FL 33131**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country
 4. FEI Number **65-0816110** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TOLAND, GREGG E
501 BRICKELL KEY DRIVE
SUITE 600
MIAMI FL 33131
 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
 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete		TITLE	VPO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KELLY, J. MEGAN			NAME			
STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 600			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	CC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KERR, KEITH G			NAME			
STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 600			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	PO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OWENS, STEPHEN L			NAME			
STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 600			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP/S/TO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TOLAND, GREGG E			NAME			
STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 600			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	ASO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARBY, BEVERLY			NAME	CARBY, BEVERLEY		
STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 600			STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 600		
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP	MIAMI, FL 33131		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				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 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: **BEVERLEY CARBY** 1/26/01 305/371-3877
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)