

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723691

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90051 047 ****61.25

1. Entity Name

KON TIKI RESORT, INC.

Principal Place of Business

Mailing Address

**81200 OVERSEAS HWY.
 ISLAMORADA FL 33036**

**81200 OVERSEAS HWY.
 ISLAMORADA FL 33036-3703**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1451329

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNYDER, LOIS L
 81200 OVERSEAS HWY
 ISLAMORADA FL 33036**

Name

KIERSTEN FOX

Street Address (P.O. Box Number is Not Acceptable)

81200 OVERSEAS HWY

City

ISLAMORADA

FL

Zip Code

33036

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

Kiersten Fox

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D THOMAS, NORMAN**
 STREET ADDRESS **250 NATURAL SPRINGS RD**
 CITY-ST-ZIP **GETTYSBURG PA 17325**

TITLE Change Addition
 NAME **P OLIVA, DINO**
 STREET ADDRESS **3701 BAYOU LOUISE**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Delete
 NAME **D OLIVA, DINO**
 STREET ADDRESS **3701 BAYOU LOUISE**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Change Addition
 NAME **VP BARETTELLA, MARK**
 STREET ADDRESS **833 CLEAR LAKE DR.**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE Delete
 NAME **D BARETTELLA, MARK**
 STREET ADDRESS **833 CLEAR LAKE DR**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE Change Addition
 NAME **SBC THOMAS, NORMAN**
 STREET ADDRESS **250 NATURAL SPRINGS RD**
 CITY-ST-ZIP **GETTYSBURG PA 17325**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DINO OLIVA**

1/13/2000

941-349 4960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #