

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90339 047 \*\*\*\*70.00

**DOCUMENT # 723691**

1. Entity Name

**KON TIKI RESORT, INC.**

Principal Place of Business

**81200 OVERSEAS HWY.  
 ISLAMORADA FL 33036**

Mailing Address

**81200 OVERSEAS HWY.  
 ISLAMORADA FL 33036**

2. Principal Place of Business

**Kon Tiki Resort, Inc.  
 Suite, Apt. #, etc.  
 81200 Overseas Hwy  
 Islamorada, FL**

**Zip 33036 Country U.S.A**

3. Mailing Address

**Kon Tiki Resort, Inc.  
 Suite, Apt. #, etc.  
 81200 Overseas Hwy  
 Islamorada, FL**

**Zip 33036 Country U.S.A**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1451329**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOX, KIERSTEN  
 81200 OVERSEAS HWY  
 ISLAMORADA FL 33036**

7. Name and Address of New Registered Agent

**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 title if applicable.

*Kiersten Fox*

(NOTE: Registered Agent signature required when reinstating)

**1/23/01**

DATE

**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

TITLE	DS	<input type="checkbox"/> Delete
NAME	THOMAS, NORMAN	
STREET ADDRESS	250 NATURAL SPRINGS RD	
CITY-ST-ZIP	GETTYSBURG PA 17325	
TITLE	DP	<input type="checkbox"/> Delete
NAME	OLIVA, DINO	
STREET ADDRESS	3701 BAYOU LOUISE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BARETTELLA, MARK	
STREET ADDRESS	833 CLEAR LAKE DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas, Norman	
STREET ADDRESS	250 Natural Springs Rd.	
CITY-ST-ZIP	Gettysburg, PA 17325	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oliva, Dino	
STREET ADDRESS	3701 Bayou Louise	
CITY-ST-ZIP	Sarasota FL 34242	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barettella, Mark	<b>Address</b>
STREET ADDRESS	6 Sunset Terrace	
CITY-ST-ZIP	Daytona, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 files empowered.

SIGNATURE:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 31 2001**

Date

**941-349-4960**

Daytime Phone #

CR2E037 (10/00)