2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 22, 2000 8:00 am Secretary of State DOCUMENT # **P95000002495** ALOHA KAI VACATION RENTALS, INC. 08-22-2000 90008 034 ***550 00 Mailing Address Principal Place of Business 6020 MIDNIGHT PASS ROAD 6020 MIDNIGHT PASS ROAD იიიბმექენ SARASOTA FL 34242-3212 SARASOTA FL 34242-3212 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0547718 Not Applicable Country Zip Zip \$8.75 Additional . . Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6, Name and Address of Current Registered Agent Name CLARK, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) 479 ALBEE FARM ROAD VENICE FL 34292-1203 Zip Code FL 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. l Retainina current agent n reinstating) DATE FILE NOW!!! FEE IS \$550.00 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. (See criteria on back) After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. $\sigma \tau$ ☐ Change **Addition** Delete TITLE TITLE Honsberger, Lynn 628 Byron Avenue SIMMONS, DELILAH NAME STREET ADORESS STREET ADDRESS 4930 MEADOW TRACE LANE Ottawa, Onlario KZA OELO CANADA CITY-ST-ZIP CITY-ST-ZIP HIXSON TN 37343 ☐ Change TITI F **TDAS** Delete TITLE Shippee, Doug 50 Crown Street NAME SCHEFFERT, CHRISTINE NAME STREET ADDRESS 888 BLVD OF THE ARTS, #1002 STREET ADDRESS Saint John, NB EZL-ZXG CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change : Addition ☐ Delete TITLE TITI F NAME NAME ELSHOUT, E. PETER STREET ADDRESS STREET ADDRESS 50 HOLLTOP DR CITY-ST-ZIP CITY-ST-ZIP TRUMBULL CT 06611 Delete Addition ☐ Change TITLE TITLE M=Hugh, BOB NAME NAME LAGROIN, EARL 1544 salamon Lane STREET ADDRESS STREET ADDRESS 4680 PINEHAVE DR. CITY-ST-ZIP CITY-ST-7IP Wayne, PA 19087 SAGINAW MI 48603 Change Change ☐ Addition Delete TITLE TITLE SD NAME NAME SMITH, HILDE W STREET ADDRESS STREET ADDRESS **6 MAGNOLIA DR** CITY-ST-ZIP CITY-ST-7IP ENGLEWOOD OH 45322 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Lyand (Hons Delate IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

STREET ADDRESS

CITY-ST-ZIF