

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90049 003 ****61.25

DOCUMENT # 705626

1. Entity Name

ALOHA KAI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6020 MIDNIGHT PASS ROAD
 SARASOTA FL 34242

6020 MIDNIGHT PASS ROAD
 SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1035832

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, WILLIAM D
479 ALBEE FARM RD.
VENICE FL 34292-1203

Name **LaGorin, Earl**
 Street Address (P.O. Box Number is Not Acceptable)

6020 Midnight Pass Rd. #57
 City **Sarasota** FL Zip Code **34242**

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

Earl LaGorin, Chairman

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD HONSBERGER, LYNN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	628 BYRON AVE	
CITY-ST-ZIP	OHAWA ONTARIO CA	
TITLE NAME	PD SHIPPEE, DOUG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	50 CROWN ST	
CITY-ST-ZIP	ST JOHN NB	
TITLE NAME	VD YORK, BOB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	22 FAIRVIEW AVE	
CITY-ST-ZIP	SUMMIT NJ 07901	
TITLE NAME	VD MARTIN, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	1538 PORTOBELLO RD	
CITY-ST-ZIP	WAVERLEY, NOVA SCOTIA B0N-1-0	
TITLE NAME	SD MCHUGH, BOB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1544 SALOMAN LN	
CITY-ST-ZIP	WAYNE PA. 19087	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	TD Simmons, Delilah	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7507 Rocky Ledge	
CITY-ST-ZIP	Hixson, TN. 37343	
TITLE NAME	PD LaGorin, Earl	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6020 Midnight Pass Rd. #57	
CITY-ST-ZIP	Sarasota, FL. 34242	
TITLE NAME	VD Freund, William	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	64 Circle Dr.	
CITY-ST-ZIP	Millington, N.J. 07946	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD Vesprani, Marianne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	951 Timber Trail	
CITY-ST-ZIP	Cincinnati, Oh 45224	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: **Marianne Vesprani** 1-21-02 513-522-4266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)