

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-11-2002 90049 010 ***150.00

DOCUMENT # P95000002495

1. Entity Name

ALOHA KAI VACATION RENTALS, INC.

Principal Place of Business

**6020 MIDNIGHT PASS ROAD
 SARASOTA FL 34242-3212**

Mailing Address

**6020 MIDNIGHT PASS ROAD
 SARASOTA FL 34242-3212**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0547718

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~CLARK, WILLIAM D~~
479 ALBEE FARM ROAD
VENICE FL 34292-1203

LaGorin, Earl
6020 Midnight Pass Rd #57
Sarasota, FL 34242

7. Name and Address of New Registered Agent

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

(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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TD	HONSBERGER, LYNN	628 BYRON AVE	OTTAWA ON K2A-0E6	<input checked="" type="checkbox"/>
PD	SHIPPEE, DOUG	50 CROWN STREET	SAINT JOHN NB E2L-2X6	<input checked="" type="checkbox"/>
VD	YORK, BOB	22 FAIRVIEW AVE	SUMMIT NJ 07901	<input checked="" type="checkbox"/>
SD	MCHUGH, BOB	1544 SALOMON LANE	WAYNE PA 19087	<input checked="" type="checkbox"/>
VD	MARTIN, PAUL	1538 PORTOBELLO RD	WAVERLY, NOVA SCOTIA B0N-1-0	<input type="checkbox"/>
				<input type="checkbox"/>

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)