

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705626

1. Entity Name

ALOHA KAI ASSOCIATION, INC.

P

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90215 008 ****61.25

Principal Place of Business

6020 MIDNIGHT PASS ROAD
SARASOTA FL 34242

Mailing Address

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

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

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

Name

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

City

FL

Zip Code

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

William D Clark (Retaining same agent)

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

After September 13, 2000 min. will be \$236.25

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
STREET ADDRESS
CITY-ST-ZIP
TD
PEDERSON, RUSSELL
4558 DEER CREEK BLVD
SARASOTA, FL 34232 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Honsberger, Lynn
628 Byron Avenue
Ottawa, Ontario K2A-0E6 CANADA ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHEFFERT, CHRISTINE
888 BLVD. OF THE ARTS, #1002
SARASOTA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Shippee, Doug
50 Crown Street
Saint John, NB E2L-2X6 CANADA ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
ELSHOUT, PETER
50 HILLTOP DR.
TRUMBULL CT ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VASD
LAGORIN, EARL
4680 PINEHAVEN DR
SAGINAW MI 48603 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
McHugh, Bob
1544 Salomon Lane
Wayne, PA 19087 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SMITH, HILDE W
6 MAGNOLIA DR
ENGLEWOOD OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Lynn Honsberger **REQUIRED** *HA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-00

Date

941-344-5410

Daytime Phone #

CR2E037 (5/00)