

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90025 013 \*\*\*\*61.25

**DOCUMENT # 705626**

1. Entity Name

**ALOHA KAI ASSOCIATION, INC.**

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

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 **TD**  Delete  
 NAME **HONSBERGER, LYNN**  
 STREET ADDRESS **628 BYRON AVE**  
 CITY-ST-ZIP **OHAWA ONTARIO CA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **SHIPPEE, DOUG**  
 STREET ADDRESS **50 CROWN ST**  
 CITY-ST-ZIP **ST JOHN NB**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME **YORK, BOB**  
 STREET ADDRESS **22 Fairview Av.**  
 CITY-ST-ZIP **Summit, N.J. 07901**

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

TITLE  Change  Addition  
 NAME **MARTIN, PAUL**  
 STREET ADDRESS **1538 Portobello Rd.**  
 CITY-ST-ZIP **Waverley Nova Scotia BDN-1S0**

TITLE **SD**  Delete  
 NAME **MCHUGH, BOB**  
 STREET ADDRESS **1544 SALOMAN LN**  
 CITY-ST-ZIP **WAYNE PA 19087**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 like empowered.

SIGNATURE:

*Lynn Honsberger* **IREL** **TH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/01**  
 Date

**941-349-5410**  
 Daytime Phone #

CR2E037 (10/00)