

2001 UNIFORM BUSINESS REPORT (UBR)

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1035832

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE TD
NAME HONSBARGER, LYNN
STREET ADDRESS 628 BYRON AVE
CITY-ST-ZIP OHAWA ONTARIO CA ☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE VD
NAME MARTIN, PAUL
STREET ADDRESS 1538 Portobello Rd.
CITY-ST-ZIP Waverly Nova Scotia BDN-1SD ☐ Change ☒ Addition

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)