

# 2002 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 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 date 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 NAME STREET ADDRESS CITY-ST-ZIP	TD HONSBERGER, LYNN 628 BYRON AVE OHAWA ONTARIO CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIPPEE, DOUG 50 CROWN ST ST JOHN NB	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YORK, BOB 22 FAIRVIEW AVE SUMMIT NJ 07901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, PAUL 1538 PORTOBELLO RD WAVERLEY, NOVA SCOTIA B0N-1-0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCHUGH, BOB 1544 SALOMAN LN WAYNE PA. 19087	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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)