

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90096 018 ****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

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**LAGORIN, EARL
6020 MIDNIGHT PASS RD #57
SARASOTA FL 34242**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William C. Freund*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/14/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMMONS, DELILAH	
STREET ADDRESS	7507 ROCKY LEDGE	
CITY-ST-ZIP	HIXSON TN 37343	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAGORIN, EARL	
STREET ADDRESS	6020 MIDNIGHT PASS RD #57	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FREUND, WILLIAM	
STREET ADDRESS	64 CIRCLE DR	
CITY-ST-ZIP	MILLINGTON NJ 07946	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, PAUL	
STREET ADDRESS	1538 PORTOBELLO RD	
CITY-ST-ZIP	WAVERLEY, NOVA SCOTIA B0N-1-0	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VESPRANI, MARIANNE	
STREET ADDRESS	951 TIMBER TRAIL	
CITY-ST-ZIP	CINCINNATI OH 45224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA CHASE	
STREET ADDRESS	6028 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA, FL. 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William C. Freund*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM FREUND *3/18/03*

CR2E037 (10/02)