

# 2002 UNIFORM BUSINESS REPORT (UBR)

0578197 AT

DOCUMENT # F01000004096

1. Entity Name  
KAHUNAVILLE OF TAMPA, INC.

FILED  
02 OCT 25 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
INTERNATIONAL PLAZA  
2223 NORTH WESTSHORE BLVD.  
TAMPA FL 33602

Mailing Address  
500 SOUTH MADISON STREET, #200  
WILMINGTON DE 19081



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2105307

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

SHUTTS AND BOWEN LLP  
300 SOUTH ORANGE AVENUE, #1000  
ORLANDO FL 32802-4956

Name John H. Rains III  
Street Address (P.O. Box Number is Not Applicable) 501 East Kennedy Blvd. Suite 250  
City Tampa, Florida FL 33602

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TUTTLEMAN, DAVID Z  
STREET ADDRESS 8 RED OAK ROAD  
CITY-ST-ZIP WILMINGTON DE 19801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 10/24/02--0110-002 \*\*758.75  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS 300008584953  
CITY-ST-ZIP 10/25/02--01016--003 \*\*758.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Z. Tuttleman 10/17/02 302-571-6200

Date

Daytime Phone #

CR2E034 (9/01)