

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90019 012 ***150.00

DOCUMENT # F01000005807

1. Entity Name

THE KALAMA BEACH CORPORATION

Principal Place of Business

**7499 AUGUSTA NATIONAL DRIVE
ORLANDO FL 32822**

Mailing Address

**3536 HARDING AVENUE, SUITE 500
HONOLULU HI 96816-2453**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

99-0140660

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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 ☐ Delete
NAME **PCEO**
STREET ADDRESS **WESTON, THOMAS R**
CITY-ST-ZIP **1554 IHILOA LOOP
HONOLULU HI 96821**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Roger J. Wall**
CITY-ST-ZIP **4360 Kahala Avenue
Honolulu, HI 96816**TITLE ☐ Delete
NAME **V**
STREET ADDRESS **TAKUSHI, DARCY I**
CITY-ST-ZIP **1493 ALA NAPUNANI STREET
HONOLULU HI 96818**TITLE ☒ Change ☐ Addition
NAME **SVP**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **AS**
STREET ADDRESS **SULLIVAN, COLLEEN**
CITY-ST-ZIP **1540 NO. LAKE SHORE DRIVE
CHICAGO IL 60610**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **WO, KATHLEEN S**
CITY-ST-ZIP **1892 JUDD HILLSIDE ROAD
HONOLULU HI 96822**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **WALL, MAUREEN J.S.**
CITY-ST-ZIP **4360 KAHALA AVE.
HONOLULU HI 96816**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **SULLIVAN, PATRICK J**
CITY-ST-ZIP **3957 GAIL STREET
HONOLULU HI 96815**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/02 (808) 732-5515

CR2E034 (9/01)