

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90038 021 ***150.00

DOCUMENT # F98000001347

1. Entity Name
KALAMA BEACH CORPORATION (CA)

B0005930



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7499 AUGUSTA NATIONAL DR
ORLANDO FL 32822

Mailing Address
3536 HARDING AVE., STE 500
HONOLULU HI 96816-2453

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 **95-4350907** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	P <input type="checkbox"/> Delete
NAME	WESTON, THOMAS R
STREET ADDRESS	3536 HARDING AVE., #500
CITY-ST-ZIP	HONOLULU HI
TITLE	D <input type="checkbox"/> Delete
NAME	SULLIVAN, KATHLEEN W Kathleen Sullivan W
STREET ADDRESS	1892 JUDD STREET 1892 Judd Hillside Road
CITY-ST-ZIP	HONOLULU HI 96822
TITLE	S <input type="checkbox"/> Delete
NAME	KAWANO, ANDREW T
STREET ADDRESS	3536 HARDING AVE., #500
CITY-ST-ZIP	HONOLULU HI
TITLE	T <input type="checkbox"/> Delete
NAME	WALL, ROGER J
STREET ADDRESS	3536 HARDING AVE., #500
CITY-ST-ZIP	HONOLULU HI
TITLE	D <input type="checkbox"/> Delete
NAME	WALL, M J
STREET ADDRESS	3536 HARDING AVE., #500
CITY-ST-ZIP	HONOLULU HI
TITLE	D <input type="checkbox"/> Delete
NAME	SULLIVAN, COLLEEN
STREET ADDRESS	3536 HARDING AVE., #500
CITY-ST-ZIP	HONOLULU HI

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Andrew T. Kawano Andrew T. Kawano 1/13/00 808-732-5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #