

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90387 003 \*\*\*\*50.00

**DOCUMENT # LOG000001577**

1. Entity Name

**KAHUNA, LLC**

Principal Place of Business

**5399 E. COUNTY HWY. 30A  
BOX 233  
SEAGROVE FL 32459**

Mailing Address

**5399 E. COUNTY HWY. 30A  
BOX 233  
SEAGROVE FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3626729**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PERRI, DANIEL C  
5 CLIFFORD DRIVE, SUITE 12  
SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name  
**DANIEL C. PERRI**

Street Address (P.O. Box Number is Not Acceptable)  
**4 11TH AVE., SUITE 1**

City  
**SHALIMAR**

**FL**

Zip Code  
**32579**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HARRIS, GEORGE DANA  
977 SOUTH FERDON BLVD.  
CRESTVIEW FL 32536** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GEORGE DANA HARRIS  
2647 E. COUNTY HWY 30-A  
SANTA ROSA BEACH, FL 32459** ☒ Change ☐ Addition

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

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

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: GEORGE DANA HARRIS, MGR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/19/02**

Date

**850-830-5111**

Daytime Phone #

CR2E083 (9/01)