

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006077 AF

DOCUMENT # L99000002105

1. Entity Name

DAYTONA HAWAIIAN, L.L.C.

FILED

01 APR 30 PM 6:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2301 S. ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118

6165 CARRIER DRIVE  
ORLANDO FL 32819

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

59-3586206

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JOHN GARDON  
6165 CARRIER DRIVE  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

GARY DORSCHER

Street Address (P.O. Box Number is Not Acceptable)

HOLIDAY INN

4949 GULF OF MEXICO DR.

City

LONGBOAT KEY

FL

Zip Code

34728

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 GARY T. DORSCHER

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

(NOT: Registered Agent signature required when reinstating)

DATE

GARY T. DORSCHER

4.25.01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

100004218881--2  
-05/15/01--01143--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME MASON, KENNETH F  
STREET ADDRESS 6201 NORTH KINGS HWY.  
CITY-ST-ZIP ALEXANDRIA VA 22303

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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: Kenneth F. Mason

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

4/24/01 703-168-3300

Date

Daytime Phone #

CR2E083 (11/00)