

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001445

1. Entity Name

FINLANDIA DAYS, INC.

Principal Place of Business

2097 CIRCLE PLACE  
LANTANA FL 33462

Mailing Address

2097 CIRCLE PLACE  
LANTANA FL 33462

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

65-0759159

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

SCHOLIN, CHRISTIAN N  
224 DATURA STREET STE 1100  
WEST PALM BEACH FL 33401

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 \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME KALERVO, KAARLO A  
STREET ADDRESS 2097 CIRCLE PLACE DRIVE  
CITY-ST-ZIP LANTANA FL 33462

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

TITLE D ☐ Delete  
NAME KALERVO, KAJA R  
STREET ADDRESS 2097 CIRCLE PLACE DRIVE  
CITY-ST-ZIP LANTANA FL 33462

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

TITLE D ☐ Delete  
NAME KNUTS, MAIRE  
STREET ADDRESS 2207 SW 20TH WAY  
CITY-ST-ZIP BOYNTON BEACH FL 33426

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

TITLE D ☐ Delete  
NAME JARVI, DAVID  
STREET ADDRESS 461 N.E. 46TH ST  
CITY-ST-ZIP BOCA RATON FL

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

TITLE D ☐ Delete  
NAME CAVUOTO, ANNELI  
STREET ADDRESS 1219 PALAMA WAY  
CITY-ST-ZIP LANTANA FL

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

TITLE D ☐ Delete  
NAME SAARI, ULLA  
STREET ADDRESS 6804 TRADEWINDS DR  
CITY-ST-ZIP LAKE WORTH FL 33462

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kaarlo A. Kaleruo* **SIGNATURE REQUIRED**

8-09-01 (561) 586-3713

FILED  
Aug 14, 2001 8:00 am  
Secretary of State

08-14-2001 90005 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)