

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074312

1. Entity Name

HAWAIIAN TROPIC EUROPE, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90154 001 ***450.00

23920



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P O BOX 265111

DAYTONA BEACH FL 32118-5111

US

P O BOX 26511

DAYTONA BEACH FL 32118-5111

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3286689**

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

ADAMS, LARRY L
1190 US HWY 1
ORMOND BEACH FL 32174

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, 2001 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 **DP** ☐ Delete
NAME **RICE, RONALD J**
STREET ADDRESS **175 OCEAN SHORE BLVD**
CITY-ST-ZIP **ORMOND BEACH FL**

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

TITLE **VP** ☐ Delete
NAME **JENNINGS, WILLIAM F**
STREET ADDRESS **25 SHADOW CREEK**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **V/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ADAMS, LARRY L**
STREET ADDRESS **687 OCEANSHORE BLVD**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **V/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SURRETTE, JACK E**
STREET ADDRESS **427 PALM AVEN**
CITY-ST-ZIP **ORMOND BEACH FL**

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

TITLE **VP** ☐ Delete
NAME **MURRAY, FRANK**
STREET ADDRESS **3 WHITESTOWN INDUSTRIAL ESTATES**
CITY-ST-ZIP **TALLAGHT DUBLIN 24 IR**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Jan. 2001

(904) 677-9559

Date

Daytime Phone #

CR2E034 (10/00)

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23920

BLOCK 12/CHANGES TO OFFICERS/DIRECTORS - HAWAIIAN TROPIC EUROPE, INC.

RONALD J. RICE **D/P**
175 OCEANSHORE BLVD.
ORMOND BEACH, FL 32176

LARRY L. ADAMS, **V/S**
687 OCEANSHORE BLVD.
ORMOND BEACH, FL 32176

WILLIAM F. JENNINGS **V/T**
326 TIMBERLINE TRAIL
ORMOND BEACH, FL 32174

JACK E. SURRETTE, JR. **V**
427 PALM AVENUE
ORMOND BEACH, FL 32174

FRANK MURRAY **V**
3 WHITESTOWN INDUSTRIAL ESTATES
TALLAGHT, DUBLIN 24 IR