

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90105 002 \*\*\*150.00

**DOCUMENT # P95000002495**

1. Entity Name  
**ALOHA KAI VACATION RENTALS, INC.**

Principal Place of Business  
**6020 MIDNIGHT PASS ROAD  
 SARASOTA FL 34242-3212**

Mailing Address  
**6020 MIDNIGHT PASS ROAD  
 SARASOTA FL 34242-3212**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0547718**

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**

**CLARK, WILLIAM D  
 479 ALBEE FARM ROAD  
 VENICE FL 34292-1203**

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.   
 (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 **TD**  Delete  
 NAME **HONSBERGER, LYNN**  
 STREET ADDRESS **628 BYRON AVE**  
 CITY-ST-ZIP **OTTAWA ON K2A- 0E6**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **SHIPPEE, DOUG**  
 STREET ADDRESS **50 CROWN STREET**  
 CITY-ST-ZIP **SAINT JOHN NB E2L- 2X6**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **ELSHOUT, E. PETER**  
 STREET ADDRESS **50 HOLLTOP DR**  
 CITY-ST-ZIP **TRUMBULL CT 06611**

TITLE  Change  Addition  
 NAME **YORK, BOB**  
 STREET ADDRESS **22 Fairview Av.**  
 CITY-ST-ZIP **Summit, NJ 07901**

TITLE **SD**  Delete **OK**  
 NAME **MCHUGH, BOB**  
 STREET ADDRESS **1544 SALOMON LANE**  
 CITY-ST-ZIP **WAYNE PA 19087**

TITLE  Change  Addition **OK**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **SMITH, HILDE W**  
 STREET ADDRESS **6 MAGNOLIA DR**  
 CITY-ST-ZIP **ENGLEWOOD OH 45322**

TITLE  Change  Addition  
 NAME **VD MARTIN, PAUL**  
 STREET ADDRESS **1538 Portobello Rd.**  
 CITY-ST-ZIP **Waverley Nova Scotia BON-1S0**

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:** Lynn Honsberger **3/31/01** **941-349-5410**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/00)