

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742101

1. Entity Name

KAHLUA OWNERS' ASSOCIATION, INC.

Principal Place of Business

KAHLUA BEACH CLUB  
FT MYERS BCH FL 33931

Mailing Address

4950 ESTERO BOULEVARD  
FT MYERS BCH FL 33931

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

59-1972324

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

CIMINSKI, DEBORAH L  
4950 ESTERO BLVD.  
FT. MYERS FL 33931

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

**FILE NOW:  
FEE IS \$61.25**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HUTCHISON, ROSANA  
14201 HICKORY MARCH LN. #22  
NORTH FT. MYERS FL 33903 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Address ☒ Change ☐ Addition  
14186 GROSSE POINT LANE  
FORT MYERS FL. 33919

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
RANKIN, MORGAN  
1285 N. BRANDYWINE CIR  
FORT MYERS FL 33919 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WEAVER, GEORGE  
4347 S PACIFIC CIR  
N FT MYERS FL 33903 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
ENDERBY, DONALD  
5272 PENDALE CT  
NO. TONAWANDA NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Address ☒ Change ☐ Addition  
65 South VERNON ST  
Middleport. NY 14105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JASTER, EUGENE  
1037 MILLER LN  
LAKE SHORE MN 56468 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GORDON, DAVID  
345 GEORGE STREET NORTH UNIT 2  
CAMBRIDGE ON N1S 4 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Address ☒ Change ☐ Addition  
ONTARIO, CANADA N1S 4X7

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90130 020 \*\*\*\*61.25

00014001



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)