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**LOBBYIST REGISTRATION STATEMENT**

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1<sup>st</sup> through December 31<sup>st</sup> of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

<b>NAME</b>	Last Oue	First Evan	Middle K.		
<b>BUSINESS MAILING ADDRESS</b>	Street	City	State	Zip Code	
745 Fort Street Mall, 17th Floor		Honolulu	HI	96813	
<b>TELEPHONE NO.</b>	<b>E-MAIL</b>				
(808) 521-9500	eoue@imanaka-asato.com				
<b>NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)</b>					
American Resort Development Association (ARDA)					
<b>BUSINESS MAILING ADDRESS</b>	Street	City	State	Zip Code	
Landmark Center-Two; 225 E. Robinson Street		Orlando	FL	32801	
<b>BUSINESS TELEPHONE NO.</b>					
(407) 245-7601					

**SUBJECT AREAS OF LOBBYING**

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

Tourism; Business, Economic Development; Technology

**CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 \_\_\_\_\_ 1/30/2023 \_\_\_\_\_  
 (Signature of Lobbyist) (Date)

**AUTHORIZATION TO LOBBY**

<b>NAME</b>	<b>TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED</b>				
Justin Vermuth	VP, State Government Affairs & Deputy General Counsel				
<b>NAME OF ORGANIZATION (if applicable)</b>				<b>TELEPHONE NO.</b>	
American Resort Development Association (ARDA)				(407) 245-7601	
<b>ADDRESS OF ORGANIZATION OR PERSON</b>	Street	City	State	Zip Code	
Landmark Center-Two; 225 E. Robinson St., Suite 405		Orlando	FL	32801	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>					
<b>Justin Vermuth</b>	Digitally signed by Justin Vermuth Date: 2023.01.15 19:19:21 -05'00'				1/15/23
(Signature of Authorizing Officer)					(Date)