

'21 SEP 16 P1:48

GEFICE OF THE COUNTY CLERK COUNTY OF KAUA'I

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 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

		(Type or Prin	t Clearly)		
NAME	Last	Fir		Middle	
Oue, Evan K.					
BUSINESS MAILING	ADDRESS	Street	City	State	Zip Code
745 Fort Street Mall	, 17th Floor, F	ionolulu, HI 968	313		
TELEPHONE NO. (808) 521-9500		E-MAIL eoue@imana	ka-asato.co	m	
NAME OF PERSON OF American Resort De				lbbreviate)	
BUSINESS MAILING A Landmark Center-Tv		Street binson Street, S	City Suite 545, Or	State lando, FL 3280	Zip Code
BUSINESS TELEPHO (407) 245-7601	NE NO.				
		UBJECT AREAS			
		on Number(s), Age			
ourism & Recreation			umer Protec	ction & Commei	ce; Science,
Technology, and Eco	nomic Develo	pment			
ecnnology, and Eco	nomic Develo	ppment			
ecnnology, and Eco					
	C	ERTIFICATION			
	C	ERTIFICATION			ct and complete.
	C	ERTIFICATION			ct and complete.
I hereby certify that the (Signature of Lobbyist)	C	ERTIFICATION			ct and complete.
I hereby certify that the	information fur	ERTIFICATION rnished above is, to	the best of my (Date)	knowledge, corre	ct and complete.
I hereby certify that the (Signature of Lobbyist)	information fur	ERTIFICATION Thished above is, to	the best of my (Date)	knowledge, corre	
I hereby certify that the (Signature of Lobbyist)	information fur	ERTIFICATION Thished above is, to	(Date) ON TO LOBB ORIZING OF	knowledge, corre	ON REPRESENTED
I hereby certify that the (Signature of Lobbyist) NAME Justin Vermuth NAME OF ORGANIZA	information fur	ERTIFICATION Inished above is, to AUTHORIZATIO TITLE OF AUTH Vice President, St	(Date) ON TO LOBB ORIZING OF	knowledge, corre	ON REPRESENTED en. Counsel
I hereby certify that the (Signature of Lobbyist) NAME Justin Vermuth NAME OF ORGANIZA' American Resort Develo	TION (if application for Association IZATION OR P	ERTIFICATION Thished above is, to AUTHORIZATIO TITLE OF AUTH Vice President, Stable) ion (ARDA) ERSON Street	(Date) ON TO LOBB ORIZING OF ate Governme	Y FICER OF PERSON TELEPHO (407-206-4) State Zip	ON REPRESENTED en. Counsel
I hereby certify that the (Signature of Lobbyist) NAME Justin Vermuth NAME OF ORGANIZA' American Resort Develo ADDRESS OF ORGAN Landmark Center Two-2 I hereby authorize the above-r	TION (if application for Association of Post IZATION OR Post IZATION of Post I	AUTHORIZATIO TITLE OF AUTH Vice President, St able) ion (ARDA) ERSON Street Street, Suite 545, (tage in lobbying activiti	(Date) ON TO LOBB ORIZING OF ate Governme City Orlando, FL 32	Y FICER OF PERSON TELEPHO (407-206-42801	ON REPRESENTED en. Counsel DNE NO.
I hereby certify that the	TION (if application for Association of Post IZATION OR Post IZATION of Post I	AUTHORIZATIO TITLE OF AUTH Vice President, St able) ion (ARDA) ERSON Street Street, Suite 545, (tage in lobbying activiti	(Date) ON TO LOBB ORIZING OF ate Governme City Orlando, FL 32	Y FICER OF PERSON (407-206- State Zip 2801 e undersigned.	ON REPRESENTED en. Counsel DNE NO.

06/24/16