

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90084 021 ***150.00

DOCUMENT # L85775

1. Entity Name
RAVINES MANAGEMENT CORPORATION

Principal Place of Business 2932 RAVINES ROAD MIDDLEBURG FL 32068	Mailing Address 2932 RAVINES ROAD MIDDLEBURG FL 32068
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3019313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KEEFE, KENNETH M. JR.
 50 N. LAURA ST.
 3330 BARNETT CENTER
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	HIYOHOGI, TSUYOSHI	
STREET ADDRESS	2932 RAVINES RD.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SADO, HIROYUKI	
STREET ADDRESS	2932 RAVINES ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KONDO, MITSUYOSHI	
STREET ADDRESS	2932 RAVINES ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONAHAN, STEPHEN	
STREET ADDRESS	2932 RAVINES ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	AVO	<input type="checkbox"/> Delete
NAME	SADO, HIROYUKI	
STREET ADDRESS	2932 RAVINES ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KONDO, RYOICHI	
STREET ADDRESS	2932 RAVINES ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hohogami, Tsuyoshi	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Date: **April 25, 2001** Daytime Phone #: **904-282-2625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)