

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90005 034 \*\*\*\*69.95

**DOCUMENT # N98000003022**  
 1. Entity Name  
 Nisei Goju Ryu Karate & Jujitsu Southern  
 Region Youth P.A.C. Program

Principal Place of Business  
 18061 NW 27 AV  
 MIAMI FL 33056

Mailing Address  
 18061 NW 27 AV  
 MIAMI FL 33056

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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
 65-0540348

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

B0059867

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 Thompson, Herbie  
 18061 NW 27 AV  
 MIAMI FL 33056

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 Herbie Thompson, President Herbie Thompson 7/1/01  
 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

|                                                |                                                                                                       |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Thompson, Herbie<br>17115 NW 17 AV<br>MIAMI FL 33056 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD Sisco, James<br>9601 Norwood Drive, #D<br>Tampa, FL 33624 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D Winn, Ulysses "Pop"<br>1031 W 2nd Street<br>Riviera Beach, FL 33404 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D Liner, Terrance<br>1211 Sesame ST.<br>Opalocka, FL <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D NEWbold, Ruben<br>19422 NW 79 AV<br>Miami, FL 33015 <input type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D Dexter Fletcher<br>6700 NW 186 ST.<br>Miami FL <input type="checkbox"/> Delete                      |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                                                                         |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D Annie Washington<br>17115 NW 17 AV<br>Miami, FL 33056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D Mary Frederick<br>411 NE 26 AV<br>Boynton Beach FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |

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: Herbie Thompson Herbie Thompson 7/1/01 3056285588  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)