

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737899

1. Entity Name

THE JAPAN-AMERICA SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business

4000 MORIKAMI PARK ROAD  
DELRAY BCH FL 33446-2305

Mailing Address

4000 MORIKAMI PARK ROAD  
DELRAY BCH FL 33446-2305

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

59-1720445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZWICK, EDWARD F.  
5355 TOWN CENTER ROAD STE 801  
BOCA RATON FL 33486

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MIHORI, JAMES 3850 LAKE DRIVE DELRAY BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFITH, WARLAND 8370 W. FLAGLER ST. #209 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEFTCOURTE, ATSUKO 8273 SOUTH ELIZABETH AVE LAKE PARK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIHORI, CHIEKO 3850 LAKE DRIVE DELRAY BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LENTSCH, LORRAINE 4000 MORIKAMI PARK RD DELRAY BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, BARRY 4000 MORIKAMI PARK RD DELRAY BEACH FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIHORI, JAMES 4000 MORIKAMI PARK ROAD DELRAY BEACH, FL 33446-2305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFITH, WARLAND 4000 MORIKAMI PARK ROAD DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAH, B 4000 MORIKAMI PARK ROAD DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIHORI, CHIEKO 4000 MORIKAMI PARK ROAD DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LENTSCH, LORRAINE 4000 MORIKAMI PARK ROAD DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, KAZUKO 4000 MORIKAMI PARK ROAD DELRAY BEACH, FL 33446	<input checked="" 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:

JAMES MIHORI PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 278-3614



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)