

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90366 001 ****61.25
01-30-2003 90366 002 ****8.75

DOCUMENT # 759447

1. Entity Name
NATIONAL SPORT JUDO AND NATIONAL JUDO TRAINING CENTER, INC.



Principal Place of Business
**14621 S.W. 24TH STREET
DAVIE FL 33325**

Mailing Address
**P.O. BOX 16772
PLANTATION FL 33318**

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 **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COBB, MIKE
14621 S.W. 24TH STREET
DAVIE FL 33325**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **COBB, MIKE**
STREET ADDRESS **14621 S.W. 24TH STREET**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Change ☒ Addition
NAME **Dir. Genereux, Becky**
STREET ADDRESS **1155 SW 120 way**
CITY-ST-ZIP **Davie, FL. 33325**

TITLE **D** ☐ Delete
NAME **GORDON, LES**
STREET ADDRESS **8270 NW 40TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Change ☒ Addition
NAME **Dir. Cobb, Carol**
STREET ADDRESS **14621 SW 24th st.**
CITY-ST-ZIP **Davie, FL. 33325**

TITLE **D** ☐ Delete
NAME **CLARK, BUDDY**
STREET ADDRESS **17653 BRITTANY LN.**
CITY-ST-ZIP **HUNTINGTON BEACH CA 92647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GREENSTEIN, LENNY**
STREET ADDRESS **9987 NOB HILL CT.**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **AGUILAR, JAMIE**
STREET ADDRESS **14621 S.W. 24TH STREET**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☒ Change ☐ Addition
NAME **Dir. Aguilar, Jamie**
STREET ADDRESS **P.O. Box 16772**
CITY-ST-ZIP **Plantation, FL. 33318**

TITLE **D** ☐ Delete
NAME **AGUILAR, ANDY**
STREET ADDRESS **110 5TH AVENUE**
CITY-ST-ZIP **CHULA VISTA CA 91910**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mike Cobb **REQUIRE**

1-27-03 954 473-9679

CR2E037 (10/02)