

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
 03-27-2001 90050 043 ****61.25

DOCUMENT # 765373

1. Entity Name

JAPAN-AMERICA SOCIETY OF FLORIDA, INC.

Principal Place of Business

25 BELLEVUE BLVD.
 SUITE 180
 LARGO FL 33777
 US

Mailing Address

P.O. BOX 23744
 TAMPA FL 33623
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7887 BRYAN DAIRY RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

4. FEI Number

59-2254223

Applied For

Not Applicable

Zip

33777

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAYNE, ROBERT
504 W. DAVIS BLVD.
TAMPA FL 33606

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 ☐ Delete
 NAME **TD**
 STREET ADDRESS **CARR, JEFFERY**
 CITY-ST-ZIP **201 E KENNEDY BLVD, SUITE 1200**
TAMPA FL

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **LAMB, RONALD**
 CITY-ST-ZIP **POST OFFICE BOX 24355 N/A**
TAMPA FL 33623-4355

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ORR, MARK T.**
 CITY-ST-ZIP **4202 FOWLER AVE**
TAMPA FL

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **FLYNN, BILL**
 CITY-ST-ZIP **P.O. BOX 1438**
TAMPA FL 33601

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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 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: **MARK T. ORR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01 (813) 974-2056

CR2E037 (10/00)