

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90017 039 ****61.25

DOCUMENT # 765373

1. Entity Name

JAPAN-AMERICA SOCIETY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**7887 BRYAN DAIRY RD
 SUITE 160
 LARGO FL 33777
 US**

**P.O. BOX 23744
 TAMPA FL 33623
 US**

2. Principal Place of Business

3. Mailing Address

UNIVERSITY OF South Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

INTERNATIONAL AFFAIRS Center

City & State

City & State

**4202 FOWLER AVE.
 TAMPA, FL**

Zip

Country

Zip

Country

33620

USA

4. FEI Number

59-2254223

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **X**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 (813) 974-9948
 Date Daytime Phone #

CR2E037 (9/01)