## 4/2

## 2001 UNIFORM BUSINESS REFORT (UBR)

DOCUMENT. # N0000001081  1. Entity Name*						Secretary of State			
LEON CO	OUNTY JUDO CLUB, INC.					04-27-2001 90	397 042 ***	**61.25	
Principal Place	of Business	Mailing Address	·						
1940 N MONROE B-102 TALEAHASSEE FL 32312		ROBERT T FUKUSIMA 3835 COTTINGHAM DR TALLAHASSEE FL 32303				<b>100</b>	#\$i31 (rear #\$12) (		
2. Principal Pi	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPACE		
City & State		City & State	,		4. FEI Numb	9-363 2510		plied For Applicable	
Zip	Country	Zip	Country			of Status Desired	\$8.75 Add Fee Required	itional	
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and	Address of New Registered	d Agent		
MOODE D	HOLLADD W FOO	-			ddress (P.O. Box Numb	er is Not Acceptable)			
502 E. PA		•			<u>,                                      </u>	<u> </u>			
TALLAHASSEE FL 32301				City	<del></del>	F	Zip Code	9	
SIGNATURE	named entity submits this statement statement submits this statement submits submits this statement submits this statement submits sub				registered againt, or bo	DATE			
FILE NOW: 9. Election Campai FEE IS \$61.25 Trust Fund Cont.				ing	\$5.00 May Be Added to Fees		k Payable to nt of State		
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CH	IANGES TO OFFICERS AND			
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		. C Delete		le Me Reet adoress Y-St-Zip	PD Change ROBERT T. FUKUSHIMA 3835 COTTWISHIM DR TALLAHASSIK IFL 32303		CR2E037 (10/00)		
TITLE NAME STREET ADDRESS CITY - ST- ZIP	☐ Delete			-	MICHAL R. FORD 3412 WHIRLHOW TO. TILLAWASSEEPC 32365			[1] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		STA	LE ME REET ADORESS Y-ST-ZIP	DY Change FRED HAND 2704 BREDFORD WAY TAULHASSEE FL 32308		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Detete				,	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oalete	- 1				☐ Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP	,	☐ Delete	ST	LE ME REET ADDRESS TY+ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied violenthis report or supplemental report poration or the receiver or trustee er, or on an attachment with an address	rt is true and accurate and that in powered to execute this report is, with all other like empowered	my sign : as requ  .   2666	ature shall li uired by Ch	have the same legal effe	es; and that my name appea	t I am an officer	or director	