

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90328 009 ****61.25

DOCUMENT # N000000001081

1. Entity Name

LEON COUNTY JUDO CLUB, INC.

DO NOT WRITE IN THIS SPACE

752242

2. Principal Place of Business

1940 N. MONROE ST.

Suite, Apt. #, etc.

B-102

City & State

TALLAHASSEE, FL

Zip

32312

Country

USA

3. Mailing Address

MICHAEL FORD

Suite, Apt. #, etc.

3412 WHIRLAWAY TRAIL

City & State

TALLAHASSEE, FL

Zip

32309

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3632510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RICHARD W. MOORE, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

502 E. PARK AVE.

City

TALLAHASSEE

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$81.25

Initial or Amended UBR

**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 P/D
NAME FREDRICK HAND
STREET ADDRESS 2709 BEDFORD WAY
CITY - ST - ZIP TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE V/D
NAME DONALD L. TRUSSELL
STREET ADDRESS 2009 WEDGEWOOD DRIVE
CITY - ST - ZIP TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE S/D
NAME MICHAEL FORD
STREET ADDRESS 3412 WHIRLAWAY TRAIL
CITY - ST - ZIP TALLAHASSEE, FL 32309

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Fredrick Hand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

488-5372

Daytime Phone #

CR2E037B (12/01)