

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90007 002 ****61.25

DOCUMENT # N33367

1. Entity Name

BAY AREA JAPANESE AMERICAN SOCIETY, INC.

Principal Place of Business

**6444 31ST TERR N
 ST PETERSBURG FL 33710
 US**

Mailing Address

**BOX 40594
 ST PETERSBURG FL 33743**

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

59-2960081

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

~~YATES, GERALD B.
 6444 31ST TERRACE NORTH
 ST PETERSBURG FL 33710~~

Name

Kazuko Malatino

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

6444 31 Terrace No

City

St. Petersburg

FL

Zip Code

33710

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-13-01

**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 **DP** ☒ Delete
 NAME **YATES, GERALD B**
 STREET ADDRESS **6444 31ST TERRACE NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Kazuko Malatino**
 STREET ADDRESS **6444 31 Terrace No**
 CITY-ST-ZIP **St. Petersburg FL 33710**

TITLE **T** ☒ Delete
 NAME **LYONS, KUNIKO**
 STREET ADDRESS **11945 108 AVE N**
 CITY-ST-ZIP **LARGO FL**

TITLE **VP** ☒ Change ☐ Addition
 NAME **VP**
 STREET ADDRESS **VP**
 CITY-ST-ZIP **VP**

TITLE **DS** ☐ Delete
 NAME **GRIMM, CATHY**
 STREET ADDRESS **3099 COQUINA KEY DR SE**
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

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

TITLE **VP** ☒ Delete
 NAME **DEAN, FUMIKO**
 STREET ADDRESS **7685 HARBOR VIEW WAY N**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **T** ☐ Change ☒ Addition
 NAME **Yukiko Uim**
 STREET ADDRESS **859 Snell Isle Blvd NE**
 CITY-ST-ZIP **St. Petersburg FL 33704**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **VP**
 CITY-ST-ZIP **VP**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **VP**
 CITY-ST-ZIP **VP**

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

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:

[Signature] **REQUIRE** **Cathy Grimm**

1-8-01 727-328-6603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)