

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0010591

DOCUMENT # N92000000691

1. Entity Name

GAINESVILLE KODOKAI AIKIDO ASSOCIATION, INC.



05-01-2003 91009 014 ****61.25

Principal Place of Business 4603 NW 6TH ST GAINESVILLE FL 32609	Mailing Address 1019 S.W. 82ND TERRACE GAINESVILLE FL 32607 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 8590 NE 40TH Court
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City & State Gainesville, FL	City & State High Springs, FL
Zip 32609	Zip 32643



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3160730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRESCOTT, MICHAEL E 1019 S.W. 82ND TERRACE GAINESVILLE FL 32607
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8590 NE 40TH Court City High Springs FL Zip Code 32643
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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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRESCOTT, MICHAEL E 1019 S.W. 82ND TERRACE GAINESVILLE FL 32604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIN, PETER 1225 NE 5TH TERR GAINESVILLE FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEASEL, MARLYNN 2222 NW 40TH TERRACE GAINESVILLE FL 32605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8590 NE 40TH Court High Springs, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 4-28-03	DAYTIME PHONE # 352 331 1291
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CR2E037 (10/02)