

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003399

1. Entity Name

THE MORIKAMI FOUNDATION, INC.

Principal Place of Business

4000 MORIKAMI PARK RD
DELRAY BEACH FL 33446

Mailing Address

4000 MORIKAMI PARK RD
DELRAY BEACH FL 33446

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0557491

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, DAVID W
100 NE FIFTH AVE
DELRAY BEACH FL

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME ELMORE, G T
STREET ADDRESS 2350 S CONGRESS AVE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE DT ☐ Delete
NAME BANKIER, ADAM
STREET ADDRESS 4800 N. FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ Delete
NAME KOHNKEN, DONALD H
STREET ADDRESS 1799 SABAL PALM DR
CITY-ST-ZIP BOCA RATON FL 33432

TITLE SD ☐ Delete
NAME BROWN, CYNTHIA W
STREET ADDRESS 1216 SPANISH RIVER RD
CITY-ST-ZIP BOCA RATON FL 33432

TITLE DP ☐ Delete
NAME STROUD, NANCY
STREET ADDRESS 1132 SE 2ND AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE D ☐ Delete
NAME BASTIN, M G
STREET ADDRESS 348 ALEXANDER PALM RD
CITY-ST-ZIP BOCA RATON FL 33432

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2002 (560) 394-3721

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

	2002 UNIFORM BUSINESS REPORT		
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	THE MORIKAMI, INC.		
	4000 MORIKAMI PARK ROAD		
	DELRAY BEACH, FL 33446		
	TEL. 561 495-0233 X 203		
#10.	OFFICERS AND DIRECTORS	UNCHANGED	DELETE
TITLE	D		X
NAME	MATTSON, BRUCE H.		
ST.ADDRESS	1900 NW CORPORATE BLVD. #200		
CITY-ST-ZIP	BOCA RATON, FL 33431		
TITLE	D		X
NAME	SMITH, EDWARD F. III		
ST.ADDRESS	1800 CORPORATE BLVD. NW		
CITY-ST-ZIP	BOCA RATON, FL 33431		