

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90021 032 ****61.25

DOCUMENT # N96000006530

1. Entity Name
NORTH FLORIDA AIKIKAI, INC.

| | |
|---|---|
| Principal Place of Business 502 E PARK AVE TALLAHASSEE FL 32301 | Mailing Address 502 E PARK AVE TALLAHASSEE FL 32301 |
|---|---|

00062302



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number 59-3464788 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State | City & State | Zip | Country |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent MOORE, RICHARD W 502 E PARK AVE TALLAHASSEE FL 32301 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-------------------------------------|---|--|
| 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 Department of State |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|--|--|
| TITLE NAME D EVANS, DAN 7962 TALLEY ANN DRIVE TALLAHASSEE FL 32311 | <input type="checkbox"/> Delete | TITLE NAME D Etaro Kawaguchi 1176 Copper Creek Dr Tallahassee, FL 32311 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME D PAGE, MICHAEL 8715 SALAMANCA COURT TALLAHASSEE FL 32311 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME D WUJCIK, TRACY 913 ALLIGOOD COURT TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME D Richard Moore 211 Boden Cove Rd Tallahassee FL 32310 | <input type="checkbox"/> Delete ADD | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME D Mark Ice 290 Wilford Rd. Havana FL 32333 | <input type="checkbox"/> Delete ADD | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME D Eric Lingsmiller 2118 Hagan Dr Tallahassee FL 32303 | <input type="checkbox"/> Delete ADD | 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: *[Signature]* **SIGNATURE REQUIRED** 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (10/00)