

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

59-3464788

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

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

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  
NAME EVANS, DAN  
STREET ADDRESS 7962 TALLEY ANN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D  
NAME PAGE, MICHAEL  
STREET ADDRESS 8715-SALAMANCA-COURT  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D  
NAME WUJCIK, TRACY  
STREET ADDRESS 913 ALLIGOOD COURT  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D  
NAME Richard Moore  
STREET ADDRESS 211 Boden Cove Rd  
CITY-ST-ZIP Tallahassee FL 32310

TITLE D  
NAME Mark Lee  
STREET ADDRESS 230 Wilford Rd.  
CITY-ST-ZIP Havana FL 32333

TITLE D  
NAME Eric Lingsmiller  
STREET ADDRESS 2118 Hagan Dr  
CITY-ST-ZIP Tallahassee FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME Eitaro Kawaguchi  
STREET ADDRESS 1176 Copper Creek Dr  
CITY-ST-ZIP Tallahassee, FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

4/30/01

Date

Daytime Phone #

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

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

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)