

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004956

1. Entity Name

INTERNATIONAL NIPPON COLLECTORS' CLUB, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90026 049 ****61.25

| | |
|--|--|
| Principal Place of Business 1417 STEELE ST. FT. MYERS FL 33901 US | Mailing Address 112 ASCOT DR SOUTHLAKE TX 76092-5117 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 65-0832314 | 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

CARTA, STEVEN
1619 JACKSON ST.
FT. MYERS FL 33901

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 NAME STREET ADDRESS CITY-ST-ZIP | PD TUTTLE, DEBRA 112 ASCOT DR SOUTHLAKE TX 76092 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MATLOSZ, YVONNE 9101 SULKIRK DR RALEIGH NC 27613 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MULMED, MITZI 14721 WOODRUFF RD WAYZATA MN 55391 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLDSTEIN, NAT 46-45 188TH STREET FLUSHING NY 11358 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FISHER, DAWN 73 BLUE ROCK RD MILLERSVILLE PA 17551 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAU, LINDA 1600 S. EADS ST., #219N ARLINGTON VA 22202 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Lau, Linda 1600 S. Eads St. #219N Arlington, VA 22202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Goldstein, Nat 16 Croyden St. Malverne, NY 11565 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Przech, Dave 1531 Independence Ave SE Washington DC 20003 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Burt, Stephanie 39 Country Walk Dr. Cherry Hill, NJ 08003 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Tuttle, Debra 112 Ascot Drive Southlake, TX 76092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Boyd, Judy 133 Pennsylvania Ave. Island Park, NY 11558 <input type="checkbox"/> Change <input checked="" 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: DEBRA TUTTLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00 972-242-2160

Date

Daytime Phone #

N97000004956

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International Nippon Collectors Club, Inc.
Additions to line 11

A0003752

D Addition
Landrum, Jack
S71-W19856 Williams
Muskego, WI 53150

D Addition
Schoenherr, Bob
P.O. Box 1130
Verona, VA 24482

D Addition
VanPatten, Joan
P.O. Box 102
Rexford, NY 12148