

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90031 016 *****61.25

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DOCUMENT # N97000004956

1. Entity Name

INTERNATIONAL NIPPON COLLECTORS' CLUB, INC.

Principal Place of Business

Mailing Address

1417 STEELE ST.
 FT. MYERS FL 33901
 US

112 ASCOT DR
 SOUTHLAKE TX 76092
 US

00032735



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0832314

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRZECH, DAVE 1531 INDEPENDENCE AVE SE WASHINGTON DC 20003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURT, STEPHANIE 39 COUNTRY WALK DR CHERRY HILL NJ 08003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, NAT 16 CROYDED ST MALVERNE NY 11565	<input checked="" 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 checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NAT GOLDSTEIN 16 CROYDEN ST MALVERNE NY 11565-2307	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-ELECT DR ARNOLD BURT 39 Country Walk Dr Cherry Hill NJ 08003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JUDY BOYD 133 PENNSYLVANIA AVE. ISLAND PARK NY 11558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JACK LANDRUM 871- W 19856 WILLIAMS MUSKEGO, WI 53150	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BOB SCHOENHERZ PO BOX 1130 VERONA, VA 24482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOAN VAN PATTEN PO BOX 102 REXFORD, NY 12488	<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:

Nat Goldstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/01 (516) 599-7395
 Date Daytime Phone #

CR2E037 (10/00)

ADDITIONAL OFFICERS

Past President
Linda Lau
1600 S. Eads St. #219N
Arlington, VA 22202

Attachment
#N97000001956

#65-0832314

D0032735