

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P29603**

1. Entity Name

**TEIKYO UNIVERISITY FOUNDATION, INC.**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90093 013 \*\*\*\*70.00

Principal Place of Business	Mailing Address
11-1. KAGA, 2 CHOME ITABASHIKU TOKYO 173. JAPAN	11-1. KAGA, 2 CHOME ITABASHIKU TOKYO 173. JAPAN



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11-1, Kaga, 2 Chome Suite, Apt. #, etc. Itabashi-ku	3. Mailing Address 11-1, Kaga, 2 Chome Suite, Apt. #, etc. Itabashi-ku
City & State Tokyo	City & State Tokyo

4. FEI Number 59-3048870	Applied For <input type="checkbox"/> Not Applicable
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Zip 173-8605	Country Japan	Zip 173-8605	Country Japan
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.**  
**236 E 6TH AVE**  
**TALLAHASSEE FL 32303**

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)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC OKINAGA, SHOICHI 6-5-30 HATANODAI, SHINAGAWA-KU TOKYO, JAPAN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR YOKOBORI, TAKEO 1-31-15 AOYAMA, TAIHAKU KU SENDAI CITY, MIYAGI, JAPAN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR YOSHIHITO, OKINAGA 6-5-30 HATANODAI, SHINAGAWA-KU TOKYO, JAPAN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SHOSHICHI, NOJIMA 2-24-7-723 NAKANO, NAKANO-KU TOKYO, JAPAN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR AKAOKA, IEO 4-24-23 MINAMICHO, KICHIJOJI MUSASHINOSHI TOKYO, JAPAN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MASAO, OHTA 1-5-36 TANI, CHUO-KU, FUKUOKA-CITY FUKUOKA, JAPAN <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **JAN 17 2000** **81-3-3579-5901**  
Signature Daytime Phone #

CR2E037 (9/99)