

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31336

1. Entity Name

GRAND CYPRESS FLORIDA, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90099 041 \*\*\*150.00

Principal Place of Business

Mailing Address

60 GRAND CYPRESS BLVD.  
ORLANDO FL 32836  
US

60 GRAND CYPRESS BLVD  
ORLANDO FL 32836-6733  
US

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

99-0282163

Applied For

Not Applicable

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

YERGLER, JON C., ESQUIRE  
LOWNDES, DROSDICK, DOSTER, KANTOR & REED  
215 NORTH EOLA DRIVE  
ORLANDO FL 32802

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME OSANO, MASAKUNI  
STREET ADDRESS #12-4 KAMINOGE 2-CHOME SETAGAYA-KU  
CITY-ST-ZIP TOKYO 158 JA

TITLE DVP ☐ Change ☒ Addition  
NAME HAYAKAWA, George  
STREET ADDRESS 1040 Lunalilo Street, PH3  
CITY-ST-ZIP Honolulu, Hawaii 96822

TITLE DEVP ☐ Delete  
NAME TAKAHASHI, STANLEY  
STREET ADDRESS 905 KAPOHO PLC  
CITY-ST-ZIP HONOLULU HA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME MATSUMOTO, HISASHI  
STREET ADDRESS 1717 MOTT-SMITH DR., #2414  
CITY-ST-ZIP HONOLULU HA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVT ☐ Delete  
NAME EBISAWA, MITSUZO  
STREET ADDRESS 1245 NORTH PARK AVE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME YAMANISHI, TETSURO  
STREET ADDRESS #11-14 SUZUGAYA 3 CHOME  
CITY-ST-ZIP YONO CITY SA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☐ Delete  
NAME KOCHI, DAVID  
STREET ADDRESS ONE NORTH JACARANDA, #2031  
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mitsuzo Ebisawa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/11/2000 407-239-1951

CR2E034 (9/99)