

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90019 019 \*\*\*150.00

**DOCUMENT # P31336**

1. Entity Name  
**GRAND CYPRESS FLORIDA, INC.**

Principal Place of Business

**60 GRAND CYPRESS BLVD.  
 ORLANDO FL 32836  
 US**

Mailing Address

**215 NORTH EOLA DRIVE  
 ORLANDO FL 32802  
 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

4. FEI Number **99-0282163**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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 ESQ  
 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, 2002 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	<input type="checkbox"/> Delete
NAME	OSANO, TAKAMASA	
STREET ADDRESS	2-9-22 KAMINOGE, STEAGAYA-KU	
CITY-ST-ZIP	TOKYO JAPAN 158-0093	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	IWUC, MICHAEL	
STREET ADDRESS	2205 NELA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAYAKAWA, GEORGE S	
STREET ADDRESS	1040 LUNALILO STREET	
CITY-ST-ZIP	HONOLULU HAWAII 96822	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MIZOKAMI, KENJI	
STREET ADDRESS	11318 WINSTON WILLOW COURT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KOCHI, DAVID	
STREET ADDRESS	ONE NORTH JACARANDA, #2031	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	TAKAHASHI, STANLEY	
STREET ADDRESS	905 Kapoho Place	
CITY-ST-ZIP	Honolulu, HI 96825	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02

Date

407-239-1929

Daytime Phone #

CR2E034 (9/01)