

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P36647**

1. Entity Name

**JOWA RESORT INC. FLORIDA****FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90019 018 \*\*\*150.00

Principal Place of Business

Mailing Address

**C/O KING & SPALDING /ATTN: W.W. DRIVER, JR  
191 PEACHTREE STREET  
ATLANTA GA 30303****C/O KING & SPALDING /ATTN: W.W. DRIVER, JR  
191 PEACHTREE STREET  
ATLANTA GA 30303-1340****BU014733**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **58-1961366**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

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	TADAO, ABE	3050-79 KAWASHIMA-CHO, ASAHI-KU	YOKOHAMA-SHI, KANAGAWA 241 JP				
VSD	ITO, KOICHI	5-26-12 KAMIYOGA, SETAGAYA-KU	TOKYO 158, JAPAN				
VTD	SPENCE, KENNETH L	5248 PAPAI ST	HONOLULU, HAWAII 96821, USA				
AS	DRIVER, WALTER W., JR.	191 PEACHTREE ST.	ATLANTA GA 30303				

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: **Kenneth L. Spence**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

808 942-8607

Daytime Phone #