

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003436

1. Entity Name

ACADEMY OF YOSHUKAI KARATE, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90060 045 ***158.75

Principal Place of Business

Mailing Address

6250 EDGEWATER DRIVE
ORLANDO FL 32810

6250 EDGEWATER DRIVE
ORLANDO FL 32810-4760

2. Principal Place of Business

3. Mailing Address

4300 Clarcona

Ocoee Rd.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302

City & State

Orlando, FL

4. FEI Number 59-3218591

Applied For
Not Applicable

Zip 32810

Country USA

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

KELAHER, NEVA M
390 N ORANGE AVENUE
SUITE 1500
ORLANDO FL 32801

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 PD
NAME ROFFEY, DAWN J
STREET ADDRESS 1580 WOODFIELD OAKS DR
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

TITLE VP
NAME CALVIN THOMAS
STREET ADDRESS 1373 Crawford Dr.
CITY-ST-ZIP APOPKA, FL 32703 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Dawn J. Roffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00 407 299-8871