

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007676

1. Entity Name

OKINAWAN KARATE & KOBUDO CENTER, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90061 016 ***150.00

Principal Place of Business

326 NORTH DIXIE HIGHWAY
LAKE WORTH FL 33460

Mailing Address

~~326 NORTH DIXIE HIGHWAY~~
~~LAKE WORTH FL 33460 3364~~

C0032385



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6075 Park Boulevard

Suite, Apt. #, etc.

Suite A

City & State

Pinellas Park, Florida

Zip

Country

33781

USA

4. FEI Number

65-0807584

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

SCHRIEFER, GEORGE J
6075 PARK BOULEVARD
PINELLAS PARK FL

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	VPST	<input type="checkbox"/> Delete
NAME	SCHRIEFER, GEORGE J D	
STREET ADDRESS	6075 PARK BOULEVARD, STE. A	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	DP	<input type="checkbox"/> Delete
NAME	POTREKUS, RICHARD	
STREET ADDRESS	326 NORTH DIXIE HIGHWAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00

327-544-1829