

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90005 007 ***150.00

DOCUMENT # P98000044591

1. Entity Name
SARASOTA AIKIKAI, INC.

Principal Place of Business

**2105 12TH ST
 SARASOTA FL 34237
 US**

Mailing Address

**5120 ADMIRAL PL
 SARASOTA FL 34231
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0837170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MERKLE, BRUCE C
 5120 ADMIRAL PLACE
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

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

TITLE **D** ☒ Delete
 NAME **MERKLE, BRUCE**
 STREET ADDRESS **5120 ADMIRAL PLACE**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☒ Delete
 NAME **SAOTOME, PAT**
 STREET ADDRESS **29165 SINGLE TARY RD**
 CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE **D** ☐ Delete
 NAME **MCPECK, STEVE**
 STREET ADDRESS **1074 22ND ST**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **D** ☐ Delete
 NAME **JONES, DUANE**
 STREET ADDRESS **1946 9TH ST**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Delete
 NAME **POTTER, ED**
 STREET ADDRESS **823 SIMMONS AVE**
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 #

941-921-2599

CR2E034 (9/01)