

**2015 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F11000002578

**Entity Name:** UNITED STATES JUDO ASSOCIATION, INC.

**FILED**  
**Sep 24, 2015**  
**Secretary of State**  
**CC3752887354**

**Current Principal Place of Business:**

C/O KODOKAN JUDO OF CAPE CORAL  
532 SE 47TH TERRACE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

PO BOX 1880  
TARPON SPRINGS, FL 34688

**FEI Number: 72-0629934**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COHEN, MARC  
Address        1025 WILLOW LANE  
City-State-Zip: VALLEY STREAM NY 11580

Title            VP  
Name            PACCIONE, JOHN  
Address        916 SW 18TH STREET  
City-State-Zip: CAPE CORAL FL 33991

Title            TREASURER  
Name            TAMULIONIS, MARK  
Address        2303 SW 18TH STREET  
City-State-Zip: CAPE CORAL FL 33991

Title            BOARD MEMBER  
Name            BOLLINGER, H.C.  
Address        5951 BETTS RD  
City-State-Zip: GOODLETTSVILLE TN 37072

Title            BOARD MEMBER  
Name            HOLTZE, MICHELLE  
Address        4200 WILLISTON RD  
City-State-Zip: MINNETONKA MN 55345

Title            LEGAL COUNSEL  
Name            GOLDSMITH, MIKE  
Address        10342 LEFFERTS BLVD  
City-State-Zip: RICHMOND HILLS NY 11419

Title            SECRETARY  
Name            GOODWIN, DAVE  
Address        259 HILLSIDE TERRACE  
City-State-Zip: STATEN ISLAND NY 10308

Title            BOARD MEMBER  
Name            SCHUTZ, CELITA  
Address        24-028 FAIRLAWN AVE  
City-State-Zip: FAIRLLAWN NJ 07410

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARC COHEN**

**PRESIDENT**

**09/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date