

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-16-2003 90186 013 ****75.00

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1. Entity Name

SOUTH-WEST FLORIDA BUDDHIST, INC.



Principal Place of Business

1085. PLAZA COMMERCIO DRIVE
ST. PETERSBURG FL 33702

Mailing Address

P.O. BOX 21285
SAINT PETERSBURG FL 33742-1285

44003630

2. Principal Place of Business

Southwest Fla Buddhist, Inc

3. Mailing Address

1085 Plaza Comercio Drive

Suite, Apt. #, etc.

Suite, Apt. # etc.

N.E

☐ CHECK HERE IF MAKING CHANGES

City & State

St Petersburg, Fla

City & State

Same as above

4. FEI Number **59-2440541**

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

KHONG

VU, KHUONG V
450 34TH ST NORTH # B
SAINT PETERSBURG FL 33713

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

NGUYEN HAN VAN

President

May 12th 03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **NGUYEN, HAN VAN**
STREET ADDRESS **1085 PLAZA COMMERCIO DR.**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **AT** ☐ Delete
NAME **MY-HUE, COURTNEY**
STREET ADDRESS **12947 ROYAL GEORGE AVE**
CITY-ST-ZIP **IDECA FL**

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

TITLE **SD** ☐ Delete
NAME **NGUYEN, HUNG T**
STREET ADDRESS **2532 VICTARRA CIRLCE**
CITY-ST-ZIP **LUTZ FL**

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

TITLE **T** ☐ Delete
NAME **COURTNEY, STEVEN E.**
STREET ADDRESS **12947 ROYAL GEORGE AVE**
CITY-ST-ZIP **ODESSA FL**

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

TITLE **VD** ☐ Delete
NAME **INGALLS, DONG THANH**
STREET ADDRESS **528 LIUAN DR.**
CITY-ST-ZIP **MADERA BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NGUYEN HAN VAN *6/6/03*

Date Daytime Phone #

CR2E037 (10/02)