

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003499

1. Entity Name

Chinese Association of Tallahassee, Inc.

Principal Place of Business

Mailing Address

FILED
01 APR 23 AM 9:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1907 Ivan Dr.

3. Mailing Address

1907 Ivan Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

593659063

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32303

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Peter Lin
6822 Longhorn Ct.
Tallahassee, FL 32311

7. Name and Address of New Registered Agent

Name Wen McDaniel

Street Address (P.O. Box Number is Not Acceptable)

1907 Ivan Dr.

City

Tallahassee

FL

Zip Code

32303

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

Wen McDaniel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME president
NAME Peter Lin
STREET ADDRESS 6822 Longhorn Ct.
CITY-ST-ZIP Tallahassee, FL 32311 ☒ Delete

TITLE NAME Vice president
NAME Chun (Chuck) Zhang
STREET ADDRESS 4077 McLaughlin Dr.
CITY-ST-ZIP Tallahassee, FL 32308 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME president & Director
NAME Wen McDaniel
STREET ADDRESS 1907 Ivan Dr.
CITY-ST-ZIP Tallahassee, FL 32303 ☐ Change ☒ Addition

TITLE NAME Treasurer & Director
NAME Anna Hao
STREET ADDRESS 1386 Conservancy Dr.
CITY-ST-ZIP Tallahassee, FL 32312 ☒ Change ☐ Addition

TITLE NAME Director
NAME Duo Liu
STREET ADDRESS 2922 Whittington Dr.
CITY-ST-ZIP Tallahassee, FL 32308 ☐ Change ☒ Addition

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Wen McDaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

Daytime Phone #

CR2E037 (11/00)