

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003022

1. Entity Name

FLORIDA CHINESE LIBRARY, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90976 047 ****61.25

Principal Place of Business

12341 WARREN ROAD
CLERMONT FL 34711

Mailing Address

12341 WARREN ROAD
CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3201921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIN, CHUN-IN
12341 WARREN ROAD
CLERMONT FL 34711

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

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 D ☐ Delete
NAME LIN, CHUN-IN DR
STREET ADDRESS 12341 WARREN ROAD
CITY-ST-ZIP CLERMONT FL

TITLE D ☐ Delete
NAME YOUNG, KOW D MRS
STREET ADDRESS 20 3 ALLEY 18 LANE, HO-PING E RD SECTION
CITY-ST-ZIP TAIPEI TA

TITLE STD ☐ Delete
NAME HE LU, WEN
STREET ADDRESS 3501 WILLOW LAWN DR
CITY-ST-ZIP LYNCHBURG VA 24503

TITLE DP ☐ Delete
NAME WONG, MOREY
STREET ADDRESS 8502 ARMENIA AVENUE
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME HUNG, TOM
STREET ADDRESS 107 CHUNG-SHAN ST
CITY-ST-ZIP NA-HA TA

TITLE D ☐ Delete
NAME CHANG, RUBY
STREET ADDRESS 12258 BOHONNO BLVD.
CITY-ST-ZIP ORLANDO FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)