

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004814

1. Entity Name

GAINESVILLE CHINESE SCHOOL, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90024 041 ****61.25

Principal Place of Business

10715 NW 18TH COURT
GAINESVILLE FL 32606
US

Mailing Address

10715 NW 18TH COURT
GAINESVILLE FL 32606-5481
US

2. Principal Place of Business

10715 NW 18th COURT
Suite, Apt. #, etc.

3. Mailing Address

10715 NW 18th COURT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

59-2970130

Applied For

☒ Not Applicable

Zip

32606

Country

U.S.A.

Zip

32606

Country

U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIU, MICH
10715 NW 18TH COURT
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name Michi Liu

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

10715 NW 18th COURT

City

Gainesville

FL

Zip Code

32606

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-2000

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	T	<input type="checkbox"/> Delete
NAME	FRANKLIN, JENNY C	
STREET ADDRESS	11208 NW 14TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHEN, CYNTHIA	
STREET ADDRESS	9933 SW 2ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHOW, TAIYING	
STREET ADDRESS	115 NW 99 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIU, MICH	
STREET ADDRESS	10715 NW 18TH COURT	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FANG, JOHN CF	
STREET ADDRESS	2606 SE 28TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	JU-HWA, KO	
STREET ADDRESS	13735 NW 39TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ling Nguyen	
STREET ADDRESS	11113 NEWBERRY ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yann-ni cheung	
STREET ADDRESS	3408 NW 60th	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mang Tia	
STREET ADDRESS	8214 NW 63 PL.	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Wang	
STREET ADDRESS	4917 NW 53 ST.	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-2000 (352) 331-8858