

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90100 031 \*\*\*\*61.25

DOCUMENT # 729790

1. Entity Name

KOREAN BAPTIST CHURCH OF TAMPA, INC.

Principal Place of Business

6020 NORTH CHURCH AVENUE  
TAMPA FL 33614-5602

Mailing Address

6020 NORTH CHURCH AVENUE  
TAMPA FL 33614-5602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1656411

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WON, CHUN SOO  
6020 N. CHURCH AVENUE  
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name LEE, JUNG-WOON PAUL

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

4720 W. Wallace Ave

City

TAMPA,

FL

Zip Code

33611

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

JUNG-WOON PAUL LEE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 10 2001

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          | PD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | WON, CHUN SOO           |                                            |
| STREET ADDRESS | 14510 MARKLANDGREENS PL |                                            |
| CITY-ST-ZIP    | TAMPA FL 33625          |                                            |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | DANIEL, KOON JA         |                                            |
| STREET ADDRESS | 5319 WATSON ROAD        |                                            |
| CITY-ST-ZIP    | RIVERVIEW FL 33569      |                                            |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | NAM, YOUNG S            |                                            |
| STREET ADDRESS | 7102 N ARMENIA AVE      |                                            |
| CITY-ST-ZIP    | TAMPA FL 33604          |                                            |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | NAM, YOUNG S            |                                            |
| STREET ADDRESS | 7102 N. ARMENIA AVENUE  |                                            |
| CITY-ST-ZIP    | TAMPA FL 33604          |                                            |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | YOO, MEE SOOK           |                                            |
| STREET ADDRESS | 10109 PEPPERIDGE COURT  |                                            |
| CITY-ST-ZIP    | TAMPA FL 33615          |                                            |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | KIM, TEAK S             |                                            |
| STREET ADDRESS | 301 E. CLUSTER AVENUE   |                                            |
| CITY-ST-ZIP    | TAMPA FL 33604          |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                    |                                                                              |
|----------------|------------------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | KIM, PAND D                        |                                                                              |
| STREET ADDRESS | 1551 Distant Darks Dr.             |                                                                              |
| CITY-ST-ZIP    | Wesley Chapel, FL 33543            |                                                                              |
| TITLE          | VD                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LEE, KU HAN                        |                                                                              |
| STREET ADDRESS | 3612 Carrollwood Lane Cir. # 1-308 |                                                                              |
| CITY-ST-ZIP    | Tampa, FL 33624                    |                                                                              |
| TITLE          | Choi, MI HZY                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 3201 Villa Rosa Ave.               |                                                                              |
| STREET ADDRESS | Tampa, FL 33611                    |                                                                              |
| TITLE          | SD                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ro, Ae Ra                          |                                                                              |
| STREET ADDRESS | 1807 Apache Trail                  |                                                                              |
| CITY-ST-ZIP    | Clearwater, FL 33615               |                                                                              |
| TITLE          | D                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LEE, KIMIN                         |                                                                              |
| STREET ADDRESS | 12656 Castle Hill Dr.              |                                                                              |
| CITY-ST-ZIP    | Tampa, FL 33624                    |                                                                              |
| TITLE          | D                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LEE, Jung-woon Paul                |                                                                              |
| STREET ADDRESS | 4720 W. Wallace Ave.               |                                                                              |
| CITY-ST-ZIP    | Tampa, FL 33611                    |                                                                              |

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:

Pastor JUNG-WOON LEE

Date

Daytime Phone #

Jan. 10 2001 (813) 832-9098

CR2E037 (10/00)