2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Oct 03, 2002 8:00 an
Secretary of State

DOCUMENT # N0000003220 1. Entity Name						Secretary of State 09-12-2002 90065 040 ****62.00			
LAOTIA UNTY,		AN SOCIAL COMMI	ttee of pinellas (o					
Principal Place of Business Mailing Add			Mailing Address				49.5	27	
4300 19TH STREET NORTH ST. PETERSBURG FL 33714		4500 19TH STREET NORTH ST. PETERSBURG FL 33714			43533				
	Place of Busin	ness AVE. North	3. Mailing Address 1501 83rd AVE	North					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	. NOICH		DO NOT WRITE IN THIS SPACE			
City & State ST. PETERSBURG, FLORIDA			City & State ST.: PETERSBURG, FLORIDA		4. FEI Number	NOT APPLICABLE		applied For.]
Zlp 337		Country PINELLAS	Zip	Country PINELLAS	5. Certificate of S	 	\$8.75 Ac	iditional	1-
	6. Name	and Address of Current I	Registered Agent		7. Name and Ad	dress of New Registere			┨
				Name					1
LANGFORD, RICHARD C 160 EAST SUMMERUN STREET				Street	Address (P.O. Box Number is	Not Acceptable)	·		-
SUITE 20		IN SINCE!				•			ł
BARTOW FL 33830-4647				City		F	Zip Coo	ie	1
The above the obligation SIGNATURE	itions of regist	y submits this statement for ered agent.	the purpose of changing its r	egistered office	or registered agent, or both, in	the State of Florida. I ar	m familiar with	and accept	
Oldi Dili Olije		or printed name of registered agent as	nd title il applicable. (NOTE:	Registered Agent sign	sture required when reinstating)	DATE			1
After September 13, 2002, min. will be \$236.25.			9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable to Department of State				
10		OFFICERS AND DIRE	a.				ent of Stati		ļ
NAME NAME STREET ADDRESS	D		ECTORS	11.	ADDITIONS/CHANG		•	•	
		ANDREW B	ECTORS Delete	11. TITLE NAME STREET ADDRESS	D SISOUK RATTAN	ES TO OFFICERS AND D	•	110	37 (4/02)
CITY-ST-ZIP	2553 34TH	Andrew B Avenue North Sburg FL 33713		TITLE NAME	D SISOUK RATTAN 1501 83rd AVE	ES TO OFFICERS AND D ACANE NORTH.	DIRECTORS IN	110	E037 (4/02)
TITLE	2553 34TH ST. PETER T DARARATS	AVENUE NORTH SBURG FL 33713 AMY, THONGTHIP		TITLE NAME STREET ADDRESS	D SISOUK RATTAN 1501 83rd AVE ST.PETERSBURG T COREY KHOUTKE	ES TO OFFICERS AND E ACANE . NORTH. . FL 33702 O VONGSALY	DIRECTORS IN	110	CR2E037 (4/02)
TITLE	2553 34TH ST. PETER T DARARATS 3137 9TH	AVENUE NORTH SBURG FL 33713 AMY, THONGTHIP AVENUE NORTH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SISOUK RATTAN 1501 83rd AVE ST.PETERSBURG	ACANE NORTH. FL 33702 O VONGSALY NORTH	DIRECTORS IN Change	110	CR2E037 (4/02)
TITLE NAME- STREET ADDRESS	2553 34TH ST. PETER T DARARATS 3137 9TH	AVENUE NORTH SBURG FL 33713 AMY, THONGTHIP	Delete Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SISOUK RATTAN 1501 83rd AVE ST.PETERSBURG T COREY KHOUTKE -2327-56th-AVE ST.PETERSBURG	ACANE NORTH. FL 33702 O VONGSALY NORTH THE 33713	DIRECTORS IN Change	Addition	CR2E037 (4/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	2553 34TH ST. PETER T DARARATS 3137 9TH / ST. PETER T	AVENUE NORTH SBURG FL 33713 AMY, THONGTHIP AVENUE NORTH	☐ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISOUK RATTAN 1501 83rd AVE ST.PETERSBURG T COREY KHOUTKE -2327-56th-AVE ST.PETERSBURG T KOMANY- ANDREW	ACANE NORTH. FL 33702 O VONGSALY NORTH FL 33713	DIRECTORS IN Change	110	CR2E037 (4/02)
TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2553 34TH ST. PETER T DARARATS 3137 9TH / ST. PETER T NOVTHANO 4225 56TH	AVENUE NORTH SBURG FL 33713 AMY, THONGTHIP AVENUE NORTH SBURG FL 33713 DNGSY, KEOPRASITH AVENUE NORTH	Delete Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SISOUK RATTAN 1501 83rd AVE ST.PETERSBURG T COREY KHOUTKE -2327-56th-AVE ST.PETERSBURG T KOMANY- ANDREY 2553 34th AVI	ACANE NORTH. FL 33702 O VONGSALY NORTH FL 33713 V-B NORTH	DIRECTORS IN Change	Addition	CR2E037 (4/02)
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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 of fusite 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 attach map the place of the proposed of

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Dalete

☐ Change

☐ Addition