

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-11-2003 90063 029 ****61.25

DOCUMENT # N00000003220

1. Entity Name

**LAOTIAN AMERICAN SOCIAL COMMITTEE OF PINELLAS CO
UNTY, INC.**



Principal Place of Business

**1501 83RD AVE NORTH
SAINT PETERSBURG FL 33702**

Mailing Address

**1501 83RD AVE NORTH
SAINT PETERSBURG FL 33702**

55049609

2. Principal Place of Business

2553 34TH AVE. N.
Suite, Apt. #, etc.

3. Mailing Address

2553 34TH AVEN
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip **33713**

Country **USA**

Zip **33713**

Country **USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANGFORD, RICHARD C
160 EAST SUMMERLIN STREET
SUITE 202
BARTOW FL 33830-4647**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **RATTANACANE, SISOUK**
STREET ADDRESS **1501 83RD AVE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **T** ☐ Delete
NAME **VONGSLAY, COREY K**
STREET ADDRESS **2327 56TH AVE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **T** ☒ Delete
NAME **KOMANY, ANDREW B**
STREET ADDRESS **2553 34TH AVE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **KOMANY, ANDREW**
STREET ADDRESS **2553 34TH AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE **T** ☒ Change ☒ Addition
NAME **NOTHANONGSY, KEO PRASITH**
STREET ADDRESS **4225 47TH ST. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33714**

TITLE **T** ☒ Change ☐ Addition
NAME **VONGSLAY, COREY K.**
STREET ADDRESS **2327 56TH AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE **S** ☐ Change ☒ Addition
NAME **KOMANY, LINDA**
STREET ADDRESS **2553 34TH AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

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

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: **COREY VONGSLAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6.9.03 727-328-7754

CR2E037 (10/02)