

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90299 039 \*\*\*\*\*61.25

0001587

**DOCUMENT # N00000007777**

1. Entity Name

**AMERICAN/CHINESE CULTURAL EDUCATION & SOCIAL SER**

Principal Place of Business

**13210 HIGHGROVE ROAD  
 BROOKSVILLE FL 34609**

Mailing Address

**13210 HIGHGROVE ROAD  
 BROOKSVILLE FL 34609**

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

**59-3686831**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CHAN, CAROL  
 FREEDOM FOR LIFE, INC.  
 13171 SPRING HILL DRIVE  
 SPRING HILL FL 34609**

7. Name and Address of New Registered Agent

Name **Sandra L. Fox**  
 Street Address (P.O. Box Number is Not Acceptable)

**1714 Round Pond Ave**

City **Tampa**

**FL**

Zip Code **33612**

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

*Sandra L. Fox*

**4/19/01**

(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 **CD** ☐ Delete  
 NAME **CHAN, CAROL L**  
 STREET ADDRESS **13210 HIGHGROVE ROAD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE **CCD** ☐ Delete  
 NAME **CHAN, CHUN KUEN**  
 STREET ADDRESS **13210 HIGHGROVE ROAD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE **SD** ☐ Delete  
 NAME **CHAN, JENDA NICHOLE**  
 STREET ADDRESS **13210 HIGHGROVE ROAD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE **Karyn Thompson** ☒ Delete  
 NAME **Karyn Thompson**  
 STREET ADDRESS **11210 Spring Hill Dr**  
 CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE **Debra Seagquist** ☐ Delete  
 NAME **Debra Seagquist**  
 STREET ADDRESS **15294 TARALANE AVE**  
 CITY-ST-ZIP **BROOKSVILLE, FL 34609**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Karyn Thompson** ☐ Change ☒ Addition  
 NAME **Karyn Thompson**  
 STREET ADDRESS **11210 Spring Hill Dr**  
 CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE **Debra Seagquist** ☐ Change ☒ Addition  
 NAME **Debra Seagquist**  
 STREET ADDRESS **15294 TARALANE AVE**  
 CITY-ST-ZIP **BROOKSVILLE, FL 34609**

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

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

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:

*Carol Chan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/19/01 352 6881008**

CR2E037 (10/00)