

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006528

1. Entity Name

THE YAJIN ART CENTER, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90919 019 ****61.25

Principal Place of Business

Mailing Address

~~1121 BAYSHORE CIRCLE~~
~~LONGWOOD FL 32750~~

~~1121 BAYSHORE CIRCLE~~
~~LONGWOOD FL 32750~~

2. Principal Place of Business

3. Mailing Address

600 S. Orlando Ave

600 S. Orlando Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Maitland, FL

Maitland, FL

Zip

Country

Zip

Country

32751

USA

32751

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-3743370

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, PAUL S
600 S. ORLANDO AVE.
SUITE 101
MAITLAND FL 32751

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SIELAFF, PAMELA G
1121 BAYSHORE CIRCLE
LONGWOOD FL 32750 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SIELAFF, JOHN T
1121 BAYSHORE CIRCLE
LONGWOOD FL 32750 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRUTON, STEVEN S
1121 BAYSHORE CIRCLE
LONGWOOD FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BRUTON, STEVEN S. DS ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T.D.
PAUL S. WEST
600 S. Orlando Ave, Suite 101
MAITLAND, FL 32751 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attorney
Treas - Director 3/23/2002 (407) 678-9111

CR2E037 (9/01)