

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90033 017 ****61.25

DOCUMENT # N08860

1. Entity Name

THE VIETNAMESE EVANGELICAL CHURCH OF ST. PETERSB

Principal Place of Business

Mailing Address

**4344 21ST STREET NORTH
 ST PETERSBURG FL 33714**

**4344 21ST STREET NORTH
 ST PETERSBURG FL 33714**

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

05-0012815

Applied For

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

**TRAN, TAM V
 6991 65TH WAY NORTH
 PINELLAS PARK FL 33781**

Name

TRAN, TAM V

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

7035 Bayou West Place

City **Pinellas park**

FL

Zip Code
33782

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 ☐ Delete
 NAME **S**
 STREET ADDRESS **NGUYEN, LE T**
 CITY-ST-ZIP **6507 109TH TERRACE
 PINELLAS PARK FL**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **TRAN, TAM V**
 CITY-ST-ZIP **6991 65TH WAY N
 PINELLAS PARK FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **7035 Bayou West Place**
 CITY-ST-ZIP **Pinellas Park, FL 33782**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **VO, HUNG M**
 CITY-ST-ZIP **6801 10TH AVE., N
 ST PETERSBURG FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TRAN, S T**
 CITY-ST-ZIP **6785 63 WAY N
 PINELLAS PARK FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PHAM, LONG T**
 CITY-ST-ZIP **11214 OAKHAVEN DR
 PINELLAS PARK FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PHUC, LAM Q**
 CITY-ST-ZIP **2496 38TH AVE, N
 ST PETERSBURG FL**

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:

SIGNATURE REQUIRED

2/15/01 (727) 541-0380

Date

Daytime Phone #

CR2E037 (10/00)