## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 14, 2002 8:00 am **DOCUMENT # N10447 Secretary of State** ORLANDO CHINESE CHURCH, INC. 03-14-2002 90024 009 \*\*\*\*61.25 Principal Place of Business Mailing Address 2310 OREGON ST. 2310 OREGON ST. ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2243923 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FONG, DAVID 2310 OREGON ST ORLANDO FL 33803 City 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) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD (9/01) TITLE ☐ Addition Delete TITLE Change SU, PATRICK NAME NAME **CR2E037** STREET ADDRESS 7232 SPRING VILLA CIR STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHEN, DAVID NAME NAME 309 ROCKAFELLOW WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WONG, JOSHUA NAME NAME STREET ADDRESS 1001 NEELY ST. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITL F Change ☐ Addition FONG, DAVID Y NAME NAME STREET ADDRESS 3942 COOL WATER COURT STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change LEE, CHIN-SHENG NAME NAME STREET ADDRESS 687 BENITAWOOD CT STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

407-365-5931