

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90022 017 \*\*\*\*61.25

**DOCUMENT # N37833**

1. Entity Name

**KOREAN CATHOLIC MISSION OF TAMPA, INC.**

Principal Place of Business

**3412 W IDLEWILD AVE  
TAMPA FL 33714  
US**

Mailing Address

**16417 LAKE HEATHER DR  
TAMPA FL 33618-1167  
US**

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

**59-2995296**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHOI, BONGSAM  
4922 AUGUSTA AVE  
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

**KIM, Tae-hoon**

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

**15501 Bruce B. Downs Blvd. #1606**

City

**Tampa**

**FL**

Zip Code

**33647**

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

TITLE **D** ☐ Delete  
NAME **LEE, JAE H**  
STREET ADDRESS **18211 SAWGRASS CIRCLE**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☐ Delete  
NAME **KIM, BYUNG IL**  
STREET ADDRESS **5418 DEERBROOKE CREEK CIRCLE 15**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☒ Delete  
NAME **HONG, ANTHONY**  
STREET ADDRESS **16417 LAKE HEATHER DR**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **P** ☐ Delete  
NAME **KIM, JONG T**  
STREET ADDRESS **9056 QUAL CREEK DR**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete  
NAME **GRIMSON, JASEY**  
STREET ADDRESS **3308 LA HABRA CT**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition  
NAME **KIM, TAEHOON**  
STREET ADDRESS **15501 Bruce B. Downs Blvd #1606**  
CITY-ST-ZIP **Tampa, FL 33647**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

**KIM, TAEHOON**

**2-6-00**

**(813) 928-986**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #