

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90523 030 ****70.00

DOCUMENT # N92000000240

1. Entity Name

LAOTIAN AMERICAN FOUNDATION OF POLK COUNTY, INC.

Principal Place of Business

1390 MCADOO AVENUE
 BARTOW FL 33830
 US

Mailing Address

1390 MCADOO AVENUE
 BARTOW FL 33830
 US

2. Principal Place of Business

815 Bear Creek Dr.

3. Mailing Address

815 Bear Creek Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BARTOW, FL

City & State

BARTOW, FL

Zip

33830

Country

FLK

Zip

33830

Country

POLK

4. FEI Number

65-0377520

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUKHAVONG, SISAVATH
 1390 MCADOO AVENUE
 BARTOW FL 33830

7. Name and Address of New Registered Agent

Name **SISOUPHANH, VORASARN**

Street Address (P.O. Box Number is Not Acceptable) **815 Bear Creek Dr.**

815 Bear Creek Dr.

City **BARTOW**

FL

Zip Code **33830**

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

Sisouphanh Vorasane

3-7-01

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	D	<input type="checkbox"/> Delete
NAME	SISOUPHANH, VORASANE	
STREET ADDRESS	815 BEAR CREEK DRIVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOUKHAVONG, SISVATH	
STREET ADDRESS	1390 MCDOO AVENUE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOUKHAVONG, SONNY	
STREET ADDRESS	1835 EMERSON AVENUE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	S	<input type="checkbox"/> Delete
NAME	THAMMAVONGSA, JOHN	
STREET ADDRESS	1080 HUFFAKER STREET	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phouthone Chanthalak	
STREET ADDRESS	1510 Dolphin Dr.	
CITY-ST-ZIP	Lakeland FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sisouphanh Vorasane

3-7-01

863-533-4328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)