

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90009 005 \*\*\*\*61.25

DOCUMENT # N92000000240

1. Entity Name

LAOTIAN AMERICAN FOUNDATION OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

815 BEAR CREEK DR

815 BEAR CREEK DR

BARTOW FL 33830

BARTOW FL 33830

US

US

2. Principal Place of Business

1390 McAdoo Ave. S

3. Mailing Address

1390 McAdoo Ave. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BARTOW FL

City & State

BARTOW FL

4. FEI Number

65-0377520

Applied For

Not Applicable

Zip

33830

Country

USA

Zip

33830

Country

USA

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

SOUKHAVONG, SISAVATH

815 BEAR CREEK DR

BARTOW FL 33830

Name

SOUKHAVONG, Sisavath

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

1390 McAdoo Ave. S.

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

*S. Soukhanet*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4. 10. 02

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	D	<input checked="" type="checkbox"/> Delete
NAME	SISOUPHANH, VORASANE	
STREET ADDRESS	815 BEAR CREEK DRIVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANTHALAER, PHOUTHONE	
STREET ADDRESS	1510 DOLPHIN DR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SOUKHAVONG, SONNY	
STREET ADDRESS	1835 EMERSON AVENUE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	S	<input checked="" 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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sisavath SOUKHAVONG	
STREET ADDRESS	1390 McAdoo Ave. S.	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T h	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vansay SOURISACK	
STREET ADDRESS	550 Manor Dr.	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thongchanh Mixayvanh	
STREET ADDRESS	2323 Harris St.	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*S. Soukhanet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. 10. 02

Date

Daytime Phone #

1. 863. 533. 5003

CR2E037 (9/01)