

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004814

1. Entity Name

GAINESVILLE CHINESE SCHOOL, INC.

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90024 041 \*\*\*\*61.25

Principal Place of Business

10715 NW 18TH COURT  
GAINESVILLE FL 32606  
US

Mailing Address

10715 NW 18TH COURT  
GAINESVILLE FL 32606-5481  
US

2. Principal Place of Business

10715 NW 18th COURT  
Suite, Apt. #, etc.

3. Mailing Address

10715 NW 18th COURT  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

59-2970130

Applied For

☒ Not Applicable

Zip

32606

Country

U.S.A.

Zip

32606

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIU, MICH  
10715 NW 18TH COURT  
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name Michi Liu

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

10715 NW 18th COURT

City

Gainesville

FL

Zip Code

32606

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-2000

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          | T                    | <input type="checkbox"/> Delete            |
| NAME           | FRANKLIN, JENNY C    |                                            |
| STREET ADDRESS | 11208 NW 14TH AVE    |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL       |                                            |
| TITLE          | T                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SHEN, CYNTHIA        |                                            |
| STREET ADDRESS | 9933 SW 2ND PLACE    |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL       |                                            |
| TITLE          | T                    | <input checked="" type="checkbox"/> Delete |
| NAME           | CHOW, TAIYING        |                                            |
| STREET ADDRESS | 115 NW 99 TERRACE    |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL       |                                            |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | LIU, MICH            |                                            |
| STREET ADDRESS | 10715 NW 18TH COURT  |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32606 |                                            |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | FANG, JOHN CF        |                                            |
| STREET ADDRESS | 2606 SE 28TH STREET  |                                            |
| CITY-ST-ZIP    | OCALA FL 34471       |                                            |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | JU-HWA, KO           |                                            |
| STREET ADDRESS | 13735 NW 39TH AVENUE |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32606 |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                                                              |
|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE          | T                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ling Nguyen          |                                                                              |
| STREET ADDRESS | 11113 NEWBERRY ROAD  |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE FL 32606 |                                                                              |
| TITLE          | T                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Yann-ni cheung       |                                                                              |
| STREET ADDRESS | 3408 NW 60th         |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE FL 32653 |                                                                              |
| TITLE          | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mang Tia             |                                                                              |
| STREET ADDRESS | 8214 NW 63 PL.       |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE FL 32653 |                                                                              |
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Robert Wang          |                                                                              |
| STREET ADDRESS | 4917 NW 53 ST.       |                                                                              |
| CITY-ST-ZIP    | GAINESVILLE FL 32653 |                                                                              |
| 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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000 (352) 331-8858

Date

Daytime Phone #