

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90005 004 ****61.25

DOCUMENT # N94000000115

1. Entity Name

KOREAN PRESBYTERIAN CHURCH OF BRANDON, INC.

Principal Place of Business

Mailing Address

1401 KINGSWAY DR
 BRANDON FL 33510
 US

1401 KINGSWAY DRIVE
 BRANDON FL 33510
 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

59-3291815

Applied For

Not Applicable

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

YI, SUNG PONG
2204 CHEROKEE TRAIL
VALRICO FL 33594

Name

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

City

FL

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **KIM, IN SIK**
 STREET ADDRESS **1401 KINGSWAY DRIVE**
 CITY-ST-ZIP **BRANDON FL**

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

TITLE **VP** ☐ Delete
 NAME **YI, SUNG PONG**
 STREET ADDRESS **2204 CHEROKEE TRAIL**
 CITY-ST-ZIP **VALRICO FL**

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

TITLE **D** ☐ Delete
 NAME **YI, MOON SUK**
 STREET ADDRESS **4110 LEONARD STREET**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☒ Change ☐ Addition
 NAME **YI, MOON SUK**
 STREET ADDRESS **5700 28th ST. E.**
 CITY-ST-ZIP **BRANDON, FL 34203**

TITLE **D** ☐ Delete
 NAME **WIGGINS, MIKE**
 STREET ADDRESS **818 CROSSWIND DR**
 CITY-ST-ZIP **BRANDON FL**

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

TITLE **T** ☐ Delete
 NAME **BADIA, HAL O.**
 STREET ADDRESS **737 N. PEARL CIR.**
 CITY-ST-ZIP **BRANDON FL**

TITLE ☒ Change ☐ Addition
 NAME **BADIA, HAE O**
 STREET ADDRESS **1466 HIGHLAND RIDGE CIR.**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **CHANG, IKKON**
 CITY-ST-ZIP **15020 ROCKY LEDGE DR.**
TAMPA, FL 33625

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-01 (813) 653-1327

CR2E037 (10/00)