

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90174 045 \*\*\*\*70.00

**DOCUMENT # N94000003027**

1. Entity Name

**ASIAN FAMILY AND COMMUNITY EMPOWERMENT CENTER, I**

Principal Place of Business

Mailing Address

**2201 FIRST AVE N.  
ST. PETERSBURG FL 33713**

**P.O. BOX 7881  
ST. PETERSBURG FL 33734-7881**

2. Principal Place of Business

**2201 First Avenue North**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St Petersburg**

City & State

4. FEI Number

**59-3252723**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33713**

**Pinellas**

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

**BUN HAP, PRAK  
2201 FIRST AVE N.  
ST. PETERSBURG FL 33713**

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 **PD** ☒ Delete  
NAME **INGALLS, THANH D**  
STREET ADDRESS **5944 34TH ST N.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **P** ☒ Change ☐ Addition  
NAME **SOUK, THOMAS**  
STREET ADDRESS **8688 68th Street North**  
CITY-ST-ZIP **Pinellas Park, FL**

TITLE **D** ☒ Delete  
NAME **GEHM, JOHN P**  
STREET ADDRESS **7080 -41ST-ST N.**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **VP** ☒ Change ☐ Addition  
NAME **WITSIL, KEIKO**  
STREET ADDRESS **2146 Dartmouth Avenue North**  
CITY-ST-ZIP **St Petersburg, FL**

TITLE **VD** ☒ Delete  
NAME **SOUK, THOMAS**  
STREET ADDRESS **8688 68TH STREET N.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **T** ☒ Change ☐ Addition  
NAME **INGALLS, THANH DONG**  
STREET ADDRESS **5944 34th Street North**  
CITY-ST-ZIP **St Petersburg, FL**

TITLE **MD** ☒ Delete  
NAME **PRAK, BUN HAP**  
STREET ADDRESS **2201 FIRST AVE N.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **MD** ☒ Change ☐ Addition  
NAME **PRAK, BUN HAP**  
STREET ADDRESS **2201 First Avenue North**  
CITY-ST-ZIP **St Petersburg, FL**

TITLE **DS** ☒ Delete  
NAME **TURNER, RASHNEE**  
STREET ADDRESS **33825 US HWY 19 N**  
CITY-ST-ZIP **PALM HARBOR GL 34684**

TITLE **S** ☒ Change ☐ Addition  
NAME **TURNER, RASHANEE**  
STREET ADDRESS **33825 US Highway 19 North**  
CITY-ST-ZIP **Palm Harbor, FL**

TITLE **TD** ☒ Delete  
NAME **WITSIL, KEIKO**  
STREET ADDRESS **2146 DARTMOUTH N**  
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **D** ☒ Change ☐ Addition  
NAME **CHEA, SCOTT**  
STREET ADDRESS **9990 58th Street North**  
CITY-ST-ZIP **St Petersburg, FL**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS SOUK**

Date

Daytime Phone #

**1-18-00 (727) 323-0350**

CR2E037 (9/99)