

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90082 006 ****61.25

DOCUMENT # N95000003022

1. Entity Name

FLORIDA CHINESE LIBRARY, INC.



Principal Place of Business

**12341 WARREN ROAD
CLERMONT FL 34711**

Mailing Address

**12341 WARREN ROAD
CLERMONT FL 34711**

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 **59-3201921**

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

LIN, CHUN-IN

**12341 WARREN ROAD
CLERMONT FL 34711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed, printed name of registered agent and fee 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LIN, CHUN-IN DR	
STREET ADDRESS	12341 WARREN ROAD	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, KOW D MRS	
STREET ADDRESS	20 3 ALLEY 18 LANE, HO-PING E RD SECTION	
CITY-ST-ZIP	TAIPEI-TA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HE LU, WEN	
STREET ADDRESS	3501 WILLOW LAWN DR	
CITY-ST-ZIP	LYNCHBURG VA 24503	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WONG, MOREY	
STREET ADDRESS	8502 ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNG, TOM	
STREET ADDRESS	107 CHUNG-SHAN ST	
CITY-ST-ZIP	NA-HA TA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANG, RUBY	
STREET ADDRESS	12258 BOHONNO BLVD.	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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

CHUN-IN LIN

(352)314-0888

CR2E037 (10/02)