

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90218 020 ****61.25

DOCUMENT # **N96000003969**

1. Entity Name

PHOUTH PASARAM BUDDHIST TEMPLE, INC.

Principal Place of Business

Mailing Address

ROUTE 2 BOX 1408
 CRESCENT CITY, FL 32112

ROUTE 2 BOX 1408
 CRESCENT CITY, FL 32112

00063479

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3409821

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

KHANTANH BOUTTAVONG
 ROUTE 2 BOX 1409
 CRESCENT CITY, FL 32112

Name **PHALY B. PANYANOUVONG**
 Street Address (P.O. Box Number is Not Acceptable)
ROUTE 2 BOX 1018-L
 City **CRESCENT CITY FL** Zip Code **32112**

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 NAME	S/D	<input type="checkbox"/> Delete
STREET ADDRESS	VORAKOUNE, KHAMKONE	
CITY-ST-ZIP	RR 2 BOX 1018-M CRESCENT CITY, FL 32112	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE P/D NAME	PHALY B. PANYANOUVONG	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	ROUTE 2 BOX 1018-L		
CITY-ST-ZIP	CRESCENT CITY, FL 32112		
TITLE NAME	ADVISOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	KHANTANH BOUTTAVONG		
CITY-ST-ZIP	ROUTE 2 BOX 1409 CRESCENT CITY, FL 32112		
TITLE NAME	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	HOM XAYACHAK		
CITY-ST-ZIP	ROUTE 2 BOX 1018-AA CRESCENT CITY, FL 32112		
TITLE NAME	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	BOUANGA KENEKEO		
CITY-ST-ZIP	1729 SPRINKLE DR. JACKSONVILLE, FL 32211		
TITLE NAME	M	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	BOUNNHOU PHOMMATHEP		
CITY-ST-ZIP	ROUTE 2 BOX 1418 CRESCENT CITY, FL 32112		
TITLE NAME	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	BANGCHONG RINGKO		
CITY-ST-ZIP	ROUTE 2 BOX 1018-L CRESCENT CITY, FL 32112		

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** *Phaly B Panyanouvong* 6-1-2000 (904) 984911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR E037 (1/99)