

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

0008205

05-10-2001 90207 039 \*\*\*\*61.25

**DOCUMENT # N96000003969**

1. Entity Name

**PHOUTHA PASARAM BUDDHIST TEMPLE, INC.**

**00050462**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

RT 2 BOX 1408  
 CRESCENT CITY FL 32112  
 US

RT 2 BOX 1408  
 CRESCENT CITY FL 32112  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
 Route 2 Box 1018-L

Suite, Apt. #, etc.  
 Route 2 Box 1018-L

City & State  
 Crescent City, FL

City & State  
 Crescent City, FL

4. FEI Number **59-3409821**

Applied For  
 Not Applicable

Zip  
 32112

Country  
 US

Zip  
 32112

Country  
 US

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

**PANYANOUVONG, PHALY B**  
**RT BOX 1018-L**  
**CRESCENT CITY FL 32112**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD SIHACHACK, SOUCHIEM RR 1 BOX 1018-LL CRESCENT CITY FL 32112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEOVILAYVONG, NIAM ROUTE 1, BOX 136A JONATS RD CRESCENT CITY FL 32112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD XAYACHAK, SOMPHONE RT 2 BOX 1407-Z CRESCENT CITY FL 32112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VORAKOUNE, KHAMKONE RR 2 BOX 1018M CRESCENT FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A KHAMTANH, BOUTTVONG RT 2 BOX 1409 CRESCENT FL 32112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RINGO, BANGCHONG 1018-K UNION CAMP RD CRESCENT FL 32112	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PHALY B. PANYANOUVONG ROUTE 2 BOX 1018-LL CRESCENT CITY, FL 32112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HOM XAYACHAK ROUTE 2 BOX 1018-AA CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BOUANGA KENEKEO 1729 SPRINKLE DR. JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BOUNNHOU PHOMMATHEP ROUTE 2 BOX 1418 CRESCENT CITY, FL 32112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BANGCHONG RINGKO ROUTE 2 BOX 1018-K CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BOUNTHONG CHANTHAVONG 2443 ALAMANDA DR. DELTONA, FL 32738	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 #

CR2E087 (10/00)