

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N96000004278

1. Entity Name

KOREAN BRANDON EMMANUEL ASSEMBLY OF GOD CHURCH,

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90018 048 \*\*\*\*61.25

Principal Place of Business

529 SOUTH PARSONS AVENUE #1501  
BRANDON FL 33511

Mailing Address

529 SOUTH PARSONS AVENUE #1501  
BRANDON FL 33511-6014

2. Principal Place of Business

313 Providence Rd. #101

3. Mailing Address

Apt. # 101

Suite, Apt. #, etc.

Brandon, FL

Suite, Apt. #, etc.

313 Providence Rd.

City & State

City & State

Brandon, FL

Zip

33511

Country

Zip

33511

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-342858  
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YI, ANDREW O  
529 SOUTH PARSONS AVENUE #1501  
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

YI, Andrew O.

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

313 Providence Rd. # 101

City

Brandon,

FL

Zip Code

33511

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

TITLE	D	<input type="checkbox"/> Delete
NAME	YI, ANDREW O	
STREET ADDRESS	529 SOUTH PARSONS AVENUE #1501	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, YANG S	
STREET ADDRESS	1706 COMPTON STREET	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, KUM	
STREET ADDRESS	1516 HIGH KNOLL DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YI, ANDREW O	
STREET ADDRESS	313 Providence Rd. #101	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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

3-27-2000

Date

813)661-7019

Daytime Phone #

CR2E037 (9/99)