## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # N97000000988 Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** THE KOREAN CHURCH OF JESUS' LOVE, INC. 01-28-2000 90076 018 \*\*\*\*61.25 Mailing Address Principal Place of Business 1015-203 REGAL POINT TERR 1525 W. STATE RD. 434 LAKE MARY FL 32746-2017 LONGWOOD FL 32750-3878 2. Principal, Place of Business 3. Mailing Address 891 S.R. 434 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number LONGWOOD 59-3435637 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WITTEK, DAVID K :--326 N. FERN CREEK AVE. ORLANDO FL 32803 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . , <del>}</del> , 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OP TITLE TITLE ☐ Delete ☐ Addition e, John S LEE, JOHN S NAME NAME 1015-203 Regal Pointe Terrace STREET ADDRESS 1525 W. STATE RD. 434 STREET ADDRESS CITY-ST-ZIP 🍌 CITY-ST-ZIP LONGWOOD FL 32750-3878 **Change** DV : ☐ Addition TITLE ☐ Delete NAME L KIM, JIN S STREET ADDRESS STREET ADDRESS 1525 W. STATE RD. 434 CITY-ST-ZIP CITY-ST-ZIP ake LONGWOOD FL 32750-3878 ☐ Change Delete Addition TITLE DST TITLE NAME NAME Kim, Jin H STREET ADDRESS ngley CT. STREET ADDRESS 1525 W. STATE RD. 434 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750-3878 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. -CITY-ST-ZIP... ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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