

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 18, 2001 8:00 am
Secretary of State

04-11-2001 90138 017 ****61.25

DOCUMENT # -N99000003339

1. Entity Name

KOREAN UNITED METHODIST CHURCH OF FORT MYERS, IN

Principal Place of Business

Mailing Address

8570 CYPRESS LAKE DRIVE
 FORT MYERS FL 33919

8570 CYPRESS LAKE DRIVE
 FORT MYERS FL 33919

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

65-0924483

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

Name

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

City

FL

Zip Code

SHIN, SEUNG YOUL
8570 CYPRESS LAKE DRIVE
FORT MYERS FL 33919

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)

7/5/01

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 ☐ Delete
 NAME **D SHIN, SEUNG YOUL**
 STREET ADDRESS **8570 CYPRESS LAKE DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☒ Delete
 NAME **D GUAK, NOH GEUN**
 STREET ADDRESS **300 AVIATION PARKWAY**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME **D KANG, DAEHYUN**
 STREET ADDRESS **5331 SUMMERLIN RD. #6**
 CITY-ST-ZIP **FT MYERS FL 33908**

TITLE ☐ Delete
 NAME **D SHIN, BOOSOUN**
 STREET ADDRESS **2938 SW 4th Pl**
 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seung youl shin

Date

Daytime Phone #

CR2E037 (10/00)