

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90281 043 ****61.25

DOCUMENT # N99000003339

1. Entity Name

KOREAN UNITED METHODIST CHURCH OF FORT MYERS, IN C.

Principal Place of Business

Mailing Address

6570 CYPRESS LAKE DRIVE
 FORT MYERS FL 33919

8570 CYPRESS LAKE DRIVE
 FORT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

8570 Cypress Lake Dr.

8570 Cypress Lake Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Myers, FL

Fort Myers, FL

City & State

City & State

Zip 33919

Country U.S.A.

Zip 33919

Country U.S.A.



DO NOT WRITE IN THIS SPACE

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

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

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

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

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

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

TITLE D ☐ Delete
 NAME SHIN, BOOSOON
 STREET ADDRESS 2938 SW 4TH PL
 CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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

1-28-02

826-9983

Date

Daytime Phone #

CR2E037 (9/01)