

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000004630**

1. Entity Name

**ORDER OF THE KNIGHTS OF RIZAL CENTRAL
FLORIDA CHAPTER, INC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -8 PM 3:26

Principal Place of Business

Mailing Address

5448 HOFFNER AVENUE
SUITE 302
ORLANDO FL 32812

5448 HOFFNER AVENUE
SUITE 302
ORLANDO FL 32812-2505

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

59-3598102

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

**-YAP, HOOVER
5448 HOFFNER AVENUE
SUITE 302
ORLANDO FL 32812**

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 \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PRESIDENT HOOVER YAP 3950 KIANA DRIVE ORLANDO, FL. 32837	<input type="checkbox"/> Delete
VICE PRESIDENT ANTHONY WONG 7020 LARNER WAY ORLANDO, 32822	<input type="checkbox"/> Delete
HARLEY YAP 909 WYMORE RD. WINTER FL. FL. 32789	<input type="checkbox"/> Delete
RAINER GUEVARRA 1712 CHISBURY COURT ORLANDO FL. 32837	<input type="checkbox"/> Delete
RAY PENOLDS 12375 ROBERTSON COURT ORLANDO, 32837	<input type="checkbox"/> Delete
IMAN BAROLO 3832 WETHERSFIELD COURT TITUSVILLE 32786	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, DIRECTOR SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR 100003299511-9 -06/21/00-01090-005 *****61.25 TRUSTEE SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

01/15/00 407 438-3371

CR2E037 (9/99)