

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90077 050 ****70.00

0061028

DOCUMENT # N99000004746

1. Entity Name **All Nations Community Association, Inc.**
ASIAN COMMUNITY ASSOCIATION, INC.

Principal Place of Business
450 34TH STREET N
SUITE C
SAINT PETERSBURG FL 33713
US

Mailing Address
450 34TH STREET N
SUITE C
SAINT PETERSBURG FL 33713
US

2. Principal Place of Business
2319 28th Street N
 Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 14532
 Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33713

Country
US

Zip
33733-4532

Country
US

4. FEI Number **59-3603136**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOOD, BRADLEY J ESQ.
2639 NINTH STREET NORTH
ST. PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name **Bun John Saly**

Street Address (P.O. Box Number is Not Acceptable)
5371 68th Street N

City **St. Petersburg, FL** Zip Code **33709**

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 *Bun John Saly* **Bun John Saly, Vice President**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

03/16/01
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THONGDARA, SOUVATH 3465 25TH ST. NORTH ST. PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALY, BUN J 5371 68TH ST. NORTH ST. PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VONGSYPRASOM, KHAMKEUNG 2328 16TH ST. NORTH ST. PETERSBURG FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DARAPHET, BOUNMA 2842 20TH AVE. NORTH ST. PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bun John Saly* **Bun John Saly, Vice Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727/327-7401
 Daytime Phone #

CR2E037 (10/00)