

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004746

1. Entity Name

ALL NATIONS COMMUNITY ASSOCIATION, INC.



FILED

Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90111 050 ****70.00

Principal Place of Business

Mailing Address

2319 28TH STREET N
SAINT PETERSBURG FL 33713
US

P.O. BOX 14532
SAINT PETERSBURG FL 33713
US

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 59-3603136

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUN, JOHN SALY
5371 68TH STREET N
SAINT PETERSBURG FL 33709

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALI-SHARIF, OUMAYAH	
STREET ADDRESS	632 MYRTLE WAY SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	VONGSYPRASOM, WILLIAM K	
STREET ADDRESS	2328 16TH ST N	
CITY-ST-ZIP	SAINT-PETERSBURG FL 33704	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	VIET, DAO	
STREET ADDRESS	4246 REMBRANDT DRIVE #45	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRAN, CHI	
STREET ADDRESS	819 13 AVE N W #2	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BACCAM, MAY	
STREET ADDRESS	2660 46TH AVENUE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SALY, BUN JOHN	
STREET ADDRESS	5371 68TH STREET N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gray, Doris	
STREET ADDRESS	135 11th Avenue NE	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moreno, Hector	
STREET ADDRESS	565 Harborside Drive	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pham, Thuy T.	
STREET ADDRESS	117 19th Avenue N	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Bessie	
STREET ADDRESS	7507 Mayfair Court	
CITY-ST-ZIP	Tampa, FL 33634	
TITLE	3VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sourn, Prosom	
STREET ADDRESS	3849 14th Avenue N	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* BUN JOHN SALY

08/18/03

727-327-7401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)