

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006585

1. Entity Name:

THE KOREAN SENIOR CENTER OF CENTRAL FLORIDA, INC

Principal Place of Business

900 N. FERNCREEK AVE., SUITE 16
ORLANDO FL 32803

Mailing Address

900 N. FERNCREEK AVE., SUITE 16
ORLANDO FL 32803

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

59-3608058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IM, NAK S
186 HERON BAY CIRCLE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

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

TITLE D
NAME LEE, TUCK
STREET ADDRESS 8118 LAKE SERENE DR.
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

TITLE D
NAME OH, SUNG SOO
STREET ADDRESS 682 SUNDPIPER LANE
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE D
NAME PARK, MYUNG H
STREET ADDRESS 40 W. LAUREL ST.
CITY-ST-ZIP APOKA FL 32703 ☐ Delete

TITLE D
NAME SO, CHONG H
STREET ADDRESS 851 SALED0 DR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE P
NAME SONG, KI CHANG
STREET ADDRESS 625 LAKE DOT CIRCLE #903
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE S
NAME IM, NAK SOON
STREET ADDRESS 186 HERON BAY CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90032 012 *****61.25

00032389



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)