

2000 UNIFORM BUSINESS REPORT (UBR)

0001136

DOCUMENT # N99000006859

1. Entity Name

KHMER ATHLETICS FOUNDATION, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -9 PM 6:06

Principal Place of Business

Mailing Address

1108 PENNSYLVANIA AVE.
PALM HARBOR FL 34683

1108 PENNSYLVANIA AVE.
PALM HARBOR FL 34683



2. Principal Place of Business

1108 PENNSYLVANIA AVE

Suite, Apt. #, etc.

3. Mailing Address

1108 PENNSYLVANIA AVE

Suite, Apt. #, etc.

City & State

Palm Harbor

City & State

Palm Harbor

Zip

34683

Country

Pinellas

Zip

34683

Country

Pinellas

4. FEI Number

59-3620053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

09-15-00 90013 015 16125

6. Name and Address of Current Registered Agent

PIN, DAVIN S
1108 PENNSYLVANIA AVE.
PALM HARBOR FL 34683

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 NAME STREET ADDRESS CITY-ST-ZIP	Davin Pin - Title: Director <input type="checkbox"/> Delete 1108 PENNSYLVANIA AVE Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Saphorni Sarim 167 Woodcreek Dr. West Safety Harbor, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Scott Chea 9990 58th St North Pinellas Park, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

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:

David Pin **THE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00

Date

813-878-4145

Daytime Phone #

CR2E037 (9/99)