

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043424

1. Entity Name

TIME WORLD OF SANFORD, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90097 046 \*\*\*150.00

Principal Place of Business  
TIME WORLD SEMINOLE TOWN CENTER MALL  
280 TOWN CENTER CIRCLE  
SANFORD FL 32771

Mailing Address  
TIME WORLD SEMINOLE TOWN CENTER MALL  
280 TOWN CENTER CIRCLE  
SANFORD FL 32771-7409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2103606

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name Kelly W. Kim  
Street Address (P.O. Box Number is Not Acceptable)  
280 Town Center Circle  
City Sanford FL Zip Code 32771

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 *Kelly W. Kim* DATE 4/20/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS |                        |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | PSD                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | KIM, KELLY W           |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 280 TOWN CENTER CIRCLE |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | SANFORD FL 32771       |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | VTD                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | PARK, JONG S           |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 280 TOWN CENTER CIRCLE |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | SANFORD FL 32771       |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kelly W. Kim* DATE 4/20/00 DAYTIME PHONE # (407) 302-3232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)