

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V00820**

1. Entity Name

Lee's Traditional Tae Kwon Do

Principal Place of Business

LEE'S TRADITIONAL TAE KWON DO
4801 S. TAMiami TRAIL
SARASOTA, FL 34231

Mailing Address

LEE'S TAG KWON DO
4801 S. TAMiami TR
SARASOTA, FL 34231

2. Principal Place of Business

4801 S. TAMiami TR

3. Mailing Address

4801 S. TAMiami TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0305295

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34231

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Dae Hoon Lee
c/o Lee's Traditional Tae Kwon Do

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

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DAE HOON LEE	
STREET ADDRESS	4801 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	Vice	<input type="checkbox"/> Delete
NAME	DAE HOON LEE	
STREET ADDRESS	4801 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	DAE HOON LEE	
STREET ADDRESS	4801 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	Treasure	<input type="checkbox"/> Delete
NAME	DAE HOON LEE	
STREET ADDRESS	4801 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/2000

Date

(941) 923-7752

Daytime Phone #

CR2E034 (9/99)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90042 019 ***158.75

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DO NOT WRITE IN THIS SPACE