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

## DOCUMENT # 720424



**FILED** Mar 10, 2003 8:00 am Secretary of State

SAHIB TEMPLE HOLDING CORPORATION						03-10-2003 90163 006 ****61.25					
Principal Place of Business 600 N BENEVA ROAD SARASOTA FL 34232		Mailing Address 600 N BENEVA ROAD SARASOTA FL 34232									
2. Principal	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc. City & State				☐ CHECK HERE IF MAKING CHANGES					
					4	4. FEI Number 13-4208671				Applied For	
Zip	Country	Zip	Cour	ntry	5	5. Certificate of	Status Desired	d 🗆		3.75 Ade Requir	
	6. Name and Address of Curren	t Realstered Agent	<del>'</del>	<del></del>	<u>_</u>	. Name and A	ddrago of Nov	u Douleton			<del></del>
			-	Name	<u>-</u>	. Italile allo A	uuress or Nev	v Hegister	ea Age	ent	
600 N B	i, william w Beneva RD DTA FL 34232			Street Add	idress (P.O	), Box Number i	s Not Accepta	ble)			
			<u> </u>	City					FL Î	Zip Cod	de de
8. The above the obligation	re named entity submits this statement fations of registered agent.	or the purpose of changing its	s registered	d office or re	registered :	agent, or both,	in the State of	Florida. I a	m fam	illar with	and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO:	E: Registered A	Agent signature	e required whe	n reinstating)		DAT	E	<u> </u>	,
			mpaign Fin	nancing -	_         \$5	n reinstating)  5.00 May Be			ęk:P		
	Signature, typed or printed name of registered agen	. 9. Election Ca Trust Fund 0	mpaign Fin Contributior	nancing -	□ <b>\$5</b>	5.00 May Be	Flo	fake_Cho	eçk:P	ent of	State
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12. I hereby certify that the information supplied with this filling 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.

03/03/03 941-366-4449