2001 UNIFORM BUSINESS REPORT (UBR)

Aug 29, 2001 8:00 am Secretary of State DOCUMENT # N0000007665 1. Entity Name SRI AYYAPPA SOCIETY OF TAMPA, INC. 08-29-2001 90008 032 ****61.25 Principal Place of Business Mailing Address 17240 EQUESTRIAN TRAIL 17240 EQUESTRIAN TRAIL ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 12:51 JEFFREY DAGE CITY FX 3. Mailing Address 12151 JEFFRGY LANE DADE CITY , FL 33525 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 12151 JEFFREY 12151 JEFFREY LANE City & State 4. FEI Number City & State Applied For DADE DADE 368-2469 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3*35-*25 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DR. RADHAKRISHNAN NAIR, RAVI Street Address (P.O. Box Number is Not Acceptable) 17240 EQUESTRIAN TRAIL 12151 JEFFREY LANG ODESSA FL 33556 Zip Code DADE CITY 33*5225* 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. (NOTE: Registered Agent signature FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition Change PILLAI, AYYAPPAN NAME NAME RAM SWAMINATHAN 15207 NORFLEET LANE STREET ADDRESS STREET ADDRESS 19101 WIND DANCER STREET CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RADHAKRISHNAN, NAME RADHAKRISHNAN STREET ADDRESS 12151 JEFFREY LANE STREET ADDRESS 12151 JEFFRGY LANE CITY-ST-ZIP DADE CITY FL 33525 CITY-ST-ZIP DADE CITY TITLE ☐ Delete ☐ Addition NAIR, RAVI NMR, RAVI NAME NAME 17240 EQUESTRIAN TRAIL STREET ADDRESS 17420 EQUESTRIAN TRAIL STREET ADDRESS CITY-ST-7IP ODESSA FL 33556 CITY-ST-ZIP CDESSA. Fh 33558 TITLE ☐ Delete TITLE TREASURER Addition ☐ Change PILLAI, PADMA NAME NAME GIOKUL PADMANABHAN 12702 N. 53RD ST. STREET ADDRESS STREET ADDRESS 6304 C MARKITOWNDR. CITY-ST-ZIP **TAMPA FL 33617** CITY-ST-ZIP FL 33617 TITLE ☐ Delete ☐ Change noitibhA | VIJAYAN, VINOD ---NAME-NAME STREET ADDRESS 1500 SUNSET RD. C-9 STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 in the receiver of trustee empowered to execute the receiver of tr

SIGNATURE: SIGNATURE CV-RADHAKRISHVAN 08/18/QN