

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90025 028 \*\*\*\*61.25

DOCUMENT # N00000007665

1. Entity Name

SRI AYYAPPA SOCIETY OF TAMPA, INC.

Principal Place of Business

12151 JEFFREY LANE  
DADE CITY FL 33525

Mailing Address

12151 JEFFREY LANE  
DADE CITY FL 33525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3682469

Applied For

Not Applicable

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

RADHAKAISHNAN, DR.  
12151 JEFFREY LANE  
DADE CITY FL 33525

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
PILLAI, AYYAPPAN  
15207 NORFLEET LANE  
TAMPA FL 33647

☐ Delete

☐ Change ☐ Addition

P  
RADHAKRISHNAN,  
12151 JEFFREY LANE  
DADE CITY FL 33525

☐ Delete

☐ Change ☐ Addition

S  
NAIR, RAVI  
17240 EQUESTRIAN TRAIL  
ODESSA FL 33556

☐ Delete

☐ Change ☐ Addition

T  
PILLAI, PADMA  
12702 N. 53RD ST.  
TAMPA FL 33617

☐ Delete

☐ Change ☐ Addition

T  
VIJAYAN, VINOD  
1500 SUNSET RD. C-9  
TARPOON SPRINGS FL 34689

☐ Delete

☐ Change ☐ Addition

V  
SWAMINATHAN, RAM  
19101 WIND DANCER STREET  
LUTZ FL 33549

☐ Delete

☐ Change ☐ 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:

*Radhakrishnan*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 30, 2002*

352-567-1524

Date

Daytime Phone #

CR2E037 (9/01)