

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90129 035 ****61.25



DOCUMENT # N00000007665

1. Entity Name
SRI AYYAPPA SOCIETY OF TAMPA, INC.

00000001



CHECK HERE IF MAKING CHANGES

| | |
|---|---|
| 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 Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|--|--|

| | |
|---|--|
| 4. FEI Number 59-3682469 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent RADHAKAISHNAN, DR. 12151 JEFFREY LANE DADE CITY FL 33525 | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| P RADHAKRISHNAN, 12151 JEFFREY LANE DADE CITY-FL 33525 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| S NAIR, RAVI 17240 EQUESTRIAN TRAIL ODESSA FL 33556 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T PILLAI, PADMA 12702 N. 53RD ST. TAMPA FL 33617 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T VIJAYAN, VINOD 1500 SUNSET RD. C-9 TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| V SWAMINATHAN, RAM 19101 WIND DANCER STREET LUTZ FL 33549 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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** *Janey 6th 2003* 352-567-1524
Date Daytime Phone #

CR2E037 (10/02)