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3/15

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90216 029 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N00000007896**

1. Entity Name

**UNITED WE STAND FOR NON-VIOLENCE, INC.**

Principal Place of Business

391 PRAIRIE LAKE COVE  
ALTAMONTE SPRINGS FL 32701

Mailing Address

391 PRAIRIE LAKE COVE  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3684243

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

Name

**PAI, ANURADHA G**  
391 PRAIRIE LAKE COVE  
ALTAMONTE SPRINGS FL 32701

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

*Anuradha G. Pai*

3/12/2001  
DATE

Signature, typed or printed name of registered agent and the filer.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** S. TISORIWALA  
1018 FAIRCLOTH CT  
OVIDO, FL 32765

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** R. SHENOY  
101 MISY HORN DR.  
LOFTWOOD, FL 32750

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** DR. PATTISAPU  
357 OAK ESTATE DR  
ORLANDO, FL 32806

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(f), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3/12/2001  
DATE

467-830-5335  
DAYTIME PHONE #

CRE0307 (10/00)