

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90039 039 ****61.25

DOCUMENT # N34929

1. Entity Name

THE HINDU SOCIETY OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 57262
 JACKSONVILLE FL 32241

P.O. BOX 57262
 JACKSONVILLE FL 32241-7262

2. Principal Place of Business

3. Mailing Address

714 PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORANGE PARK FL

Zip

Country

Zip

Country

32073

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATHAK, ANIL
 8405 PAPELON WAY
 JACKSONVILLE FL 32217**

Name **MURTHY KOTA**

Street Address (P.O. Box Number is Not Acceptable)
7903 TIMBERLIN PARC BLVD.

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)* **MURTHY KOTA**

4-24-2000

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

TITLE Delete
 NAME **D**
 STREET ADDRESS **PATEL, DAYA DR**
 CITY-ST-ZIP **1180 RIVER RD
 ORANGE PARK FL 32073**

TITLE Change Addition
 NAME **P**
 STREET ADDRESS **NILESH SUTARIA**
 CITY-ST-ZIP **8241 BAYTREE LANE
 JACKSONVILLE FL 32256**

TITLE Delete
 NAME **SD**
 STREET ADDRESS **PANCHAL, CHAMPAK DR**
 CITY-ST-ZIP **6050 ELMBURG CT
 JACKSONVILLE FL 32277**

TITLE Change Addition
 NAME **VP**
 STREET ADDRESS **SARASWATI VENKATSUBB AN**
 CITY-ST-ZIP **VP
 14115 WAVERLY FALLS LANE W.
 JACKSONVILLE FL 32254**

TITLE Delete
 NAME **T**
 STREET ADDRESS **PATHAK, ANIL**
 CITY-ST-ZIP **8405 PAPELON WAY
 JACKSONVILLE FL 32217**

TITLE Change Addition
 NAME **T**
 STREET ADDRESS **MURTHY KOTA**
 CITY-ST-ZIP **7903 TIMBERLIN PARC BLVD
 JACKSONVILLE FL 32256**

TITLE Delete
 NAME **TC**
 STREET ADDRESS **SHIVSHANKAR, LATHA DR**
 CITY-ST-ZIP **9966 VINEYARD LAKE RD E
 JACKSONVILLE FL 32256**

TITLE Change Addition
 NAME **NARAYANAN**
 STREET ADDRESS **NARAYANAN SUBRAMANIAN**
 CITY-ST-ZIP **8874 CHAMBORE DR.
 JACKSONVILLE FL 32256**

TITLE Delete
 NAME **T**
 STREET ADDRESS **NOHAJAM, SURREL DR**
 CITY-ST-ZIP **4240 PT LEISTA RD WEST
 JACKSONVILLE FL 32204**

TITLE Change Addition
 NAME **S**
 STREET ADDRESS **ASHISH MAJUMDAR**
 CITY-ST-ZIP **9536 PRINCETON SQ. BLVD. S. #
 JACKSONVILLE FL 32256.**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *(Signature)* **NILESH SUTARIA** **4/25/00** **904-343-6868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #