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

DOCUMENT # N9600004423

Entity Name

ALUMNI ASSOCIATION OF SREE NARAYANA COLLEGES IN KOLLAM, INC.



FILED

Secretary of State

04-21-2003 90438 002 ****70.00

Apr 21, 2003 8:00 am

KOLLAM, INC. Principal Place of Business Mailing Address 11001199 **B OCEAN DRIVE** 8 OCEAN DRIVE PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0718432 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - *** 7. Name and Address of New Registered Agent NARAYAN, DEV M Street Address (P.O. Box Number is Not Acceptable) 8 OCEAN DR PUNTA GORDA FL 33950 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE I\$ \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITI F ☐ Delete TITLE ☐ Change Addition narayan, dev md NAME NAME **8 OCEAN DRIVE** STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33950** CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change BHASKAR, GIRISH MD NAME NAME **ROUTE 13 BOX 416** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32055 CITY-ST-71P Addition TITLE Delete TITLE ☐ Change NARAYAN, GEETHA NAME NAME 8 OCEAN DRIVE STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33950** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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:

DEV NARAYAN NO 941-637-8483