

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90857 035 ****61.25

DOCUMENT # N98000004805

1. Entity Name

SRIGANDHA KANNADA KOTA OF FLORIDA, INC.



Principal Place of Business

**12134 COBBLESTONE DR.
HUDSON FL 34667**

Mailing Address

**12134 COBBLESTONE DR.
HUDSON FL 34667**

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 **59-3527606**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAMAPPA, RENUKA
12134 COBBLESTONE DR.
HUDSON FL 34667**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	BEN, NAGENEJ	
STREET ADDRESS	4917 KENSINGTON CIR	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	JSD	<input type="checkbox"/> Delete
NAME	SASTRY, HIMAMSHY	
STREET ADDRESS	2887 WILD GINGOS COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BABU, KESHAVA	
STREET ADDRESS	1921 COCO MEADOWS CIR #307	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DHARMAPPA, RAGINI	
STREET ADDRESS	5137 NW 109TH TERR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	T	<input type="checkbox"/> Delete
NAME	SRINIVASAN, SANDHYE	
STREET ADDRESS	2140 FLETCHER POINT CIRCLE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03

(727)863-5975

CR2E037 (10/02)