

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90048 019 ****70.00

DOCUMENT # N98000004805

1. Corporation Name

SRIGANDHA KANNADA KOOTA 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/19/1998

4. FEI Number

59-3527606

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RAMAPPA, RENUKA
12134 COBBLESTONE DR.
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE

NAME **RENUKA RAMAPPA**
STREET ADDRESS **12134, COBBLESTONE DR.**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **VICE-PRESIDENT** ☐ DELETE

NAME **INDIRA SASTRY**
STREET ADDRESS **5003, E. LONG BOAT BLVD**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **SECRETARY** ☐ DELETE

NAME **KESHAVA H. BABU**
STREET ADDRESS **1921, COG MEADOWS CIR. #307**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **JOINT SECRETARY** ☐ DELETE

NAME **RAGINI DHARMAPPA**
STREET ADDRESS **5137, NW 109TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **SUDHEENDRA PRAHALADAN** ☐ DELETE

NAME **TREASURER**
STREET ADDRESS **8007-B, HIDDEN RIVER DRIVE**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/99

Date

813-874-6553

Daytime Phone #

CR2E037 (11/98)