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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
714 PARK AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORANGE PARK FL	City & State
Zip: 32073 Country	Zip Country

4. FEI Number: NOT APPLICABLE ☐ 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
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: V. A. Murthy 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, DAYA DR 1180 RIVER RD ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NILESH SUTARIA 8241 BAYTREE lane JACKSONVILLE FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PANCHAL, CHAMPAK DR 6050 ELMBURG CT JACKSONVILLE FL 32277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SARASWATI VENKATSUBBAN VP 14115 WAVERLY FALLS LANE W. JACKSONVILLE FL 32254
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PATHAK, ANIL 8405 PAPELON WAY JACKSONVILLE FL 32217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MURTHY KOTA 7903 TIMBERLIN PARC BLVD JACKSONVILLE FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TC SHIVSHANKAR, LATHA DR 9966 VINEYARD LAKE RD E JACKSONVILLE FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~NARAY~~ VP NARAYANAN SUBRAMANIAN 8874 CHAMBORE DR. JACKSONVILLE FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NOHAJAM, SURREL DR 4240 PT LEISTA RD WEST JACKSONVILLE FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ASHISH MAJUMDAR 9536 PRINCETON SQ. BLVD. S. # JACKSONVILLE FL 32256.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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: NILESH SUTARIA 4/24/00 904-343-6665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #