

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34929

1. Entity Name

THE HINDU SOCIETY OF NORTHEAST FLORIDA, INC.

Principal Place of Business

714 PARK AVE  
ORANGE PARK FL 32073

Mailing Address

P.O. BOX 57262  
JACKSONVILLE FL 32241

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

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

KOTA, MURTHY  
7903 TIMBERLIN PARC BLVD  
JACKSONVILLE FL 32217

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.

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  
After September 12, 2001, min. will be \$236.25

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	PATEL, DAYA DR	1180 RIVER RD	ORANGE PARK FL 32073	D	Sudhir Prabhu Dr.	2817 Forest Circle	Jacksonville FL 32257
SD	PANCHAL, CHAMPAK DR	6050 ELMBURG CT	JACKSONVILLE FL 32277	Jayshree Joshi	4321 Maywood Drive	Jacksonville FL 32277	
T	PATHAK, ANIL	8405 PAPELON WAY	JACKSONVILLE FL 32217	Shailendu Shah	9125 Beauclerc Circle west	Jacksonville FL 32257	
TC	SHIVSHANKAR, LATHA DR	9966 VINEYARD LAKE RD E	JACKSONVILLE FL 32256	Vaduvur Narayan	6830 Madrid Ave	Jacksonville FL 32217	
T	NOHAJAM, SURREL DR	4240 PT LEISTA RD WEST	JACKSONVILLE FL 32204	Sunder Ramchandran	10023 Belle Rive Blvd. #601	Jacksonville FL 32256	

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

9/12/2001 (904) 665-1275

FILED  
Sep 17, 2001 8:00 am  
Secretary of State

09-17-2001 90011 023 \*\*\*\*61.25

00063778



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)