

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731843

1. Entity Name

THE VEDIC SOCIETY OF AMERICA IN FLORIDA, INC.

Principal Place of Business

C/O ELEANOR SIEGEL
1114 ADAMS ST
HOLLYWOOD FL 33019
US

Mailing Address

1114 ADAMS ST
HOLLYWOOD FL 33019-1911
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0045665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, ELEANOR
1114 ADAMS STREET
HOLLYWOOD FL 33019

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ABELLA, ANNE	
STREET ADDRESS	19635 N.E. 19TH AVE.	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEHMAN, JOAN	
STREET ADDRESS	711 NE 188TH ST	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGEL, ELEANOR	
STREET ADDRESS	1114 ADAMS ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, BERNARD	
STREET ADDRESS	15780 NE 15TH COURT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KATZ, IRENE	
STREET ADDRESS	15780 N.E. 15TH CT	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALDMAN, CELESTE	
STREET ADDRESS	1961 NE 196TH TERR	
CITY-ST-ZIP	NO MIAMI BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELLA, ANNE	
STREET ADDRESS	1025 S.E. 4 Ave - Apt 401	
CITY-ST-ZIP	DAVIE BEACH, FL 33004	
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	D Siegel, Herbert	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1114 Adams St.	
STREET ADDRESS	Hollywood FL 33019	
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 of Irene Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 944-3029
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)