

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834344

1. Entity Name

AMERICAN YOGA EDUCATIONAL ASSOCIATION, INC.

Principal Place of Business

5010 VANDERPE RD  
SARASOTA FL 34241  
US

Mailing Address

P.O. BOX 19986  
SARASOTA FL 34276  
US

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

34-1095645

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

ROCKWOOD, PATRICIA  
4720 SLOAN AVE  
SARASOTA FL 34233

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)

3/9/02

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  
SD  
ROCKWOOD, PATRICIA  
4720 SLOAN AVE  
SARASOTA FL 34233

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CHRISTENSEN, ALICE H  
5010 VANDERPE RD  
SARASOTA FL 34241

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CD  
GRANT, STEPHEN  
5010 VANDERPE RD  
SARASOTA FL 34241

☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/02 941-927-4977

Date

Daytime Phone #

CR2E037 (9/01)

0086435

FILED  
Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90085 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE