

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000005237****1. Entity Name**
THE HARI NAMA MISSION (MISSION OF THE DIVINE NAME) INC**Principal Place of Business**
10 GUADELUPE DRIVE
EL DORADO HILLS CA 95762
Mailing Address
C/O SPRING WALLACE
706 WHITE STREET, #8
KEY WEST FL 33040**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
68-0318273Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWALLACE SPRING
706 WHITE STREET, #8
KEY WEST FL 33040 US**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** **04/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> Delete
NAME	KING MICHAEL	
STREET ADDRESS	9175 GREENBACK LANE, #168	
CITY-ST-ZIP	ORANGEVALE CA 95662	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANDEVIN JOSEPH Y	
STREET ADDRESS	3722 DELMAS TERRACE, #5	
CITY-ST-ZIP	LOS ANGELES CA 90034	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	DAS VEDA GUHYA	
STREET ADDRESS	10 GUADELUPE DRIVE	
CITY-ST-ZIP	EL DORADO HILLS CA 95762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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:** Guhya Veda Das PCD **04/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)