

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001993

1. Entity Name

BHAKTIVEDANTA MEMORIAL SOCIETY, INC.

FILED

Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90040 001 ****61.25

Principal Place of Business

Mailing Address

PO BOX 297
ALACHUA FL 32616

PO BOX 297
ALACHUA FL 32616-0297

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

68-0384774

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BIRENBAUM, LOIS
25414 NW COUNTY ROAD 241
ALACHUA FL 32615

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BIRENBAUM, MARC**
STREET ADDRESS **25414 NW COUNTY ROAD 241**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE **SDT** ☐ Delete
NAME **BIRENBAUM, LOIS**
STREET ADDRESS **25414 NW COUNTY ROAD 241**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE **D** ☐ Delete
NAME **O'NEIL, SUSAN**
STREET ADDRESS **4790 VIA COLORADO**
CITY-ST-ZIP **OCEANSIDE CA 92056**

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

TITLE **D** ☐ Delete
NAME **ROVNAK, LUCILLE**
STREET ADDRESS **15400 CARSON WAY**
CITY-ST-ZIP **CAMPTONVILLE CA 95922**

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

TITLE **D** ☐ Delete
NAME **WELFELD, HOWARD REV.**
STREET ADDRESS **41-1010 LAUMILO STREET**
CITY-ST-ZIP **WAIMANALO HI 96795**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 *Lois Birenbaum* 2-15-00 904 462-4993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)