

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001993

1. Entity Name

BHAKTIVEDANTA MEMORIAL SOCIETY, INC.

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90122 020 ****61.25

Principal Place of Business

Mailing Address

PO BOX 297
ALACHUA FL 32616

PO BOX 297
ALACHUA FL 32616

C0073281



DO NOT WRITE IN THIS SPACE

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

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

7-10-01 386-462-4993

CR2E037 (5/01)