

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91205 016 ****61.25

DOCUMENT # NO0000000197
1. Entity Name Karma Triyana Dharma Chakra NIC. NP Filed

DO NOT WRITE IN THIS SPACE

80124426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2510 NW 162 St.</u>		3. Mailing Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Newberry, FL</u>		City & State	
Zip <u>32669</u>	Country <u>USA</u>	Zip	Country
4. FEI Number <u>59-364293</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Terry Lehman
Street Address (P.O. Box Number is Not Acceptable)
2510 NW 162 St.
City Newberry FL Zip Code 32669

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 Terry Lehman DATE 5/30/02
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$81.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>Director</u> <u>Terry Lehman</u> <u>2510 NW 162 St.</u> <u>Newberry, FL 32669</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Associate Director</u> <u>Lucian Krugiel</u> <u>8105 NW 38 St.</u> <u>Gainesville, FL 32606</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Treasurer</u> <u>Kathryn Lehman</u> <u>2510 NW 162 St.</u> <u>Newberry, FL 32669</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Lucinda Merritt</u> <u>Zorr. Secy</u> <u>2520 SW 186 St.</u> <u>Newberry, FL 32669</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathryn Lehman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02
Date

Daytime Phone #

CR2E037B (12/01)