

5/15

FILED
Jun 29, 2001 8:00 am
Secretary of State

05-15-2001 90141 029 *****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004684

1. Entity Name

GUJARATI SOCIETY OF GREATER ORLANDO, INC.

Principal Place of Business

7742 APPLE TREE CIR.
ORLANDO FL 32819

Mailing Address

7742 APPLE TREE CIR
ORLANDO FL 32819

2. Principal Place of Business

7220 SPRINGVILLA CIR

Suite, Apt. #, etc.

3. Mailing Address

7220 SPRINGVILLA CIR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

593659548

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 CHOKSHI, DINESH
 201 PARK PL, STE 300
 ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name RANCHODBHAI PATEL

Street Address (P.O. Box Number is Not Acceptable)

7220 SPRINGVILLA CIRCLE

City

ORLANDO

FL

Zip Code

32819

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

RLPala

RANCHODBHAI PATEL / TREASURER 4-28-01

Signature typed or printed name of registered agent and title is acceptable.

(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 NAME STREET ADDRESS CITY-ST-ZIP	PT PATEL, KIRAN 7742 APPLE TREE CIR ORLANDO FL 32819	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT. PATEL DIPAK 3200 S. ORLANDO DR SANFORD, FL 32773	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PATEL, DIPAK 3200 S ORLANDO LN SANFORD FL 32773	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KASHMIRA BHASAR 6167 HARBOUR TOWN COURT ORLANDO, FL, 32819	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATEL, GHANSHYAM 4719 CASON COVE DR, APT 1515 ORLANDO FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer PATEL, RANCHODBHAI 7200 SPRINGVILLA CIR ORLANDO FL 32819	☐ 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
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(9)(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:

 PRESIDENT
 SIGNATURE: RANCHODBHAI PATEL 4-28-01 407-321-0690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)