

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004684

1. Entity Name

GUJARATI SOCIETY OF GREATER ORLANDO, INC.

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90092 045 ****61.25

00100004



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7220 SPRINGVILLA CIRCLE
ORLANDO FL 32819

7220 SPRINGVILLA CIRCLE
ORLANDO FL 32819

2. Principal Place of Business

201 PARK PLACE #300

Suite, Apt. #, etc.

3. Mailing Address

201 PARK PLACE #300

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

City & State

ALTAMONTE SPRINGS FL

Zip

32701

Country

Zip

32701

Country

4. FEI Number

59-3659548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, RANCHODBHAI
7220 SPRINGVILLA CIRCLE
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

CHOKSHI, DINESH R

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

201 PARK PLACE #300

City

ALTAMONTE SPRINGS FL

Zip Code

32701

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 NAME STREET ADDRESS CITY-ST-ZIP	PT PATEL, DIPAK 3200 S ORLANDO DRIVE SANFORD FL 32773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KASHMIRA, BHAYSAR 6167 HARBOUR TOLIN COURT ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATEL, GHANSHYAM 4719 CASON COVE DR, APT 1515 ORLANDO FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, RANCHHODBHAI 7200 SPRINGVILLA CIR ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR PRADIP PATEL 4101 STATE RD 46 SANFORD FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.T. JATIN AMIN 4075 PICCOLA RD FRUITLAND PARK FL 32731	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAHYABHAI R. PATEL 7118 ROTHCHILD CT. ORLANDO FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAJESH PATEL 2211 DUNHURST LANE ORLANDO FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/27/02 407-291-2774