

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2003 8:00 am
Secretary of State

06-18-2003 90023 047 ****61.25

DOCUMENT # NO1000000840

1. Entity Name
ALACHUA GAUDIYA MATH, INC.



Principal Place of Business

**16721 MAIN STREET
SUITE #2
ALACHUA FL 32615**

Mailing Address

**POST OFFICE BOX 286
ALACHUA FL 32615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACDOUGALL, JERRY
16721 NW 134TH DRIVE
P.O BOX 286
ALACHUA FL 32615**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MACDOUGALL, JERRY S**
STREET ADDRESS **16721 NW 134TH DRIVE**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE **VTD** ☐ Delete
NAME **MACDOUGALL, CELINE R**
STREET ADDRESS **16721 NW 134TH DRIVE**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE **SD** ☐ Delete
NAME **STEEL, MARILYN**
STREET ADDRESS **10868 NW 65TH WAY**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 reports 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)

4/15/03 386 462 0589

CR2E037 (10/02)

Attachment



90139954

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 27, 2003

ALACHUA GAUDIYA MATH, INC.
POST OFFICE BOX 286
ALACHUA, FL 32615

SUBJECT: ALACHUA GAUDIYA MATH, INC.
Ref. Number: N01000000840

Upon receipt of your letter and/or check(s) totaling \$61.25, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 903A00033251