

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006070

FILED
Apr 25, 2003
Secretary of State

Entity Name: FEDERATION OF INDIAN ASSOCIATIONS OF TAMPA BAY, INC.

Current Principal Place of Business:

24 ADALIA ST.
TAMPA, FL 33602

New Principal Place of Business:

2341 VALRICO FOREST DR..
VALRICO, FL 33594

Current Mailing Address:

24 ADALIA ST.
TAMPA, FL 33602

New Mailing Address:

2341 VALRICO FOREST DR.
VALRICO, FL 33594

FEI Number: 13-4208206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, CHANDRAKANT N
2341 VALRICO FOREST DR.
VALRICO, FL, FL 33594

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, CHANDRAKANT N
Address: 2341 VALRICO FOREST DR.
City-St-Zip: VALRICO, FL 33594

Title: V () Delete
Name: RAMAPPA, G M MD
Address: 8460 CESSNA DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S () Delete
Name: BRAR, AMRIT
Address: 5408 BURNT HICKORY DR.
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: RATTAN, PAWAN K MD
Address: 24 ADALIA ST.
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PATEL, CHANDRAKANT N
Address: 2341 VALRICO FOREST DR.
City-St-Zip: VALRICO, FL 33594

Title: VD (X) Change () Addition
Name: RAMAPPA, G M MD
Address: 8460 CESSNA DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D (X) Change () Addition
Name: BRAR, AMRIT
Address: 5408 BURNT HICKORY DR.
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change () Addition
Name: RATTAN, PAWAN K MD
Address: 702 W. COLUMBUS DR.
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHANDERKANT N PATEL

PD

04/25/2003

Electronic Signature of Signing Officer or Director

Date