

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90168 028 *****61.25

DOCUMENT # N02000006262

1. Entity Name

VANI FOUNDATION, INC.



Principal Place of Business

5025 MAUI CIRCLE
ORLANDO FL 32808-1731

Mailing Address

106-286 2200 WINTER SPRINGS BLVD
OVIEDO FL 32765

2. Principal Place of Business

C/O R TIWARI

3. Mailing Address

106-286, 2200 Winter

Suite, Apt. #, etc. Springs Blvd.

Suite, Apt. #, etc.

1225 Oxbow Lane, Winter Springs

Oviedo, FL

City & State

FLORIDA

City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32708

Country
USA

Zip
32765

Country
USA

6. Name and Address of Current Registered Agent

DRAKE, ANDREA C
5025 MAUI CIRCLE
ORLANDO FL 32808-1731

7. Name and Address of New Registered Agent

Name RANA TIWARI

Street Address (P.O. Box Number is Not Acceptable)
1225 Oxbow Lane

City Winter Springs

FL

Zip Code 32708

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 Rana Tiwari

4/30/2003

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

TITLE P/DIT
NAME RANA TIWARI
STREET ADDRESS 1225 Oxbow Lane
CITY-ST-ZIP Winter Springs, FL 32708

☐ Delete

TITLE S/D
NAME SARAH WHITTINGTON
STREET ADDRESS #106-286, 2200 Winter Springs Blvd
CITY-ST-ZIP Oviedo FL 32765

☐ Delete

TITLE DOWNHICKS UP/D
NAME
STREET ADDRESS #106-286, 2200 Winter Springs Blvd
CITY-ST-ZIP Oviedo, FL 32765

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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(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

4/30/2003 407-810-6781

CR2E037 (10/02)