

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

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90102 014 ****61.25

DOCUMENT # N12942

1. Entity Name
ISKCON OF ALACHUA COUNTY, INC.



Principal Place of Business

**17306 NW 112 BLVD
ALACHUA FL 32615
US**

Mailing Address

**PO BOX 819
ALACHUA FL 32616
US**

2. Principal Place of Business

17306 NW 112 Blvd

Suite, Apt. #, etc.
Alachua FL

City & State

3. Mailing Address

PO Box 819

Suite, Apt. #, etc.
Alachua, FL

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2710464**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, DANIEL
17306 NW 112 BLVD
ALACHUA FL 32615**

7. Name and Address of New Registered Agent

Name **Nanda Glick**

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

18127 NW 112 Blvd

City **Alachua**

FL

Zip Code
32615

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 **Nanda Glick NANDA GLICK** **PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/4/03

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** ☐ Delete
NAME **GLICK, NANDA**
STREET ADDRESS **18127 NW 112 BLVD**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **CD** ☐ Delete
NAME **SPELLMAN, SETH**
STREET ADDRESS **15206 NW 89TH STREET**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **D** ☒ Delete
NAME **CAMPOS, RAFAEL**
STREET ADDRESS **17306 NW 112 BLVD**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **T** ☒ Delete
NAME **MILLER, DANIEL**
STREET ADDRESS **17306 NW 112 BLVD**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **SD** ☐ Delete
NAME **WOODHAM, CARL**
STREET ADDRESS **17306 NW 112 BLVD**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **D** ☐ Delete
NAME **HICKEY, LINDA**
STREET ADDRESS **18925 CR 239**
CITY-ST-ZIP **ALACHUA FL 32615**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Carol Tewksbury**
STREET ADDRESS **14217 NW 147th Ave**
CITY-ST-ZIP **Alachua, FL 32615**

TITLE **D** ☐ Change ☒ Addition
NAME **Karma Yoga Sherwood**
STREET ADDRESS **18925 CR 239**
CITY-ST-ZIP **Alachua FL 32615**

TITLE **D** ☐ Change ☒ Addition
NAME **Subhas Sheth**
STREET ADDRESS **13422 West S.R. 235**
CITY-ST-ZIP **Alachua, FL 32615**

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

TITLE ☐ Change ☐ Addition
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 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: **Nanda Glick** **REQUIRED**

4/4/03 3864622017

CR2E037 (10/02)