

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23428

1. Entity Name

THE SATHYA PREMA CHARITABLE FOUNDATION, INC.

Principal Place of Business

%BLATE, MICHAEL
4950 S.W. 70TH AVENUE
DAVIE FL 33314

Mailing Address

C/O BARBARA GAIL BLATE
4950 S.W. 70TH AVENUE
DAVIE FL 33314-4201
US

2. Principal Place of Business

Rt 1 Box 191 A

Suite, Apt. #, etc.

3. Mailing Address

Po Box 1460

Suite, Apt. #, etc.

c/o Barbara Gail Blate
Columbus NC

City & State

Tryon NC

Zip
28782

Country

28

Zip

28722

Country

US

4. FEI Number

65-0022653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLATE, BARBARA G
4950 SW 70TH AVENUE
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name Martin J. Kurtz CPA

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

London-Witte & Co PA

3101 N Federal Hwy Suite 700

City Fitts Landing

Zip Code 33306

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BLATE, BARBARA G	
STREET ADDRESS	4950 S.W. 70TH AVENUE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, LAURIE BLATE	
STREET ADDRESS	4950 SW 70TH AVENUE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PASQUALE, SANDRA J	
STREET ADDRESS	9031 NW 19TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rt 1 Box 191-A	
STREET ADDRESS	Tryon NC 28782	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rt 1 Box 191-B	
STREET ADDRESS	Tryon NC 28782	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Ruby	
STREET ADDRESS	Rt 1 Box 191-C	
CITY-ST-ZIP	Tryon, NC 28782	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

828-863 4660

Daytime Phone #

FILED
May 23, 2000 8:00 am
Secretary of State

03-16-2000 90075 044 ***61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)