

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90055 034 ***61.25

DOCUMENT # N23428

1. Entity Name

THE SATHYA PREMA CHARITABLE FOUNDATION, INC.

Principal Place of Business

RT 1 BOX 191 A
 COLUMBUS NC 28722

Mailing Address

P.O. BOX 1460
 C/O BARBARA GAIL BLATE
 COLUMBUS NC 28722
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0022653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

C0045666



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KURTZ, MARTIN CPA
 LONDON WITTE & CO. PA
 3101 N FEDERAL HWY STE 700
 FORT LAUDERDALE FL 33306**

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.

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	RT 1 BOX 192 A	
CITY-ST-ZIP	TRYON NC 28782	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, LAURIE BLATE	
STREET ADDRESS	RT 1 BOX 191-B	
CITY-ST-ZIP	TRYON NC 28782	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBY, DIANE	
STREET ADDRESS	RT1 BOX 191-B	
CITY-ST-ZIP	TRYON NC 28782	
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	
STREET ADDRESS	376 Herbert Page Rd
CITY-ST-ZIP	Tryon NC 28782
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	376 Herbert Page Rd
CITY-ST-ZIP	Tryon NC 28782
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	341 Herbert Page Rd
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	
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 the entity based.

SIGNATURE:

Barbara Gail Blate
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/05/01 828-863 4660

CR2E037 (10/00)