

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

376 Herbert Page Rd  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tryon NC

City & State

City Country  
Zip Country

Zip 28782

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLATE, BARBARA G 376 HERBERT PAGE RD TRYON NC 28782 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, LAURIE BLATE 376 HERBERT PAGE RD TRYON NC 28782 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBY, DIANE 341 HERBERT PAGE RD TRYON NC 28782 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

828-8634660

Daytime Phone #

0091792

CR2E037 (9/01)

FILED  
Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90018 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE