

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

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

0091792

**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.

City & State

*Tryon NC*

City & State

Zip *28782*

Country

Zip

Country

4. FEI Number

**65-0022653**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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:** *Barbara Gail Blate* **4/15/02** **828-863-4660**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)