

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N49574** (9)

1. Corporation Name

**GUJARATI SAMAJ OF GREATER ORLANDO, INC.**



Principal Place of Business

Mailing Address

9127 KILGORE RD  
ORLANDO FL 32836  
US

9127 KILGORE RD  
ORLANDO FL 32836  
US

3. Date Incorporated or Qualified

3a. Date of Last Report

06/26/1992

05/01/1995

4. FEI Number

Applied For

59-3176664

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1413 CRICKET CLUB

26 1413 CRICKET CLUB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 106

27 106

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32824

25 USA

29 32824

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARISH, SHAN  
9426 PALM TREE DR  
WINDSERMERE FL 34786

81

Name PRADIP PATEL

82

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

1413 CRICKET CLUB #106

83

84

City ORLANDO

FL

85 Zip Code 32828

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Pradip Patel*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME HARISH, SHAN  
STREET ADDRESS 9127 KILGORE RD  
CITY-ST-ZIP ORLANDO FL

2 NAME PRADIP PATEL  
3 STREET ADDRESS 1413 CRICKET CLUB #106  
4 CITY-ST-ZIP ORLANDO, FL

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME PATEL, RAMBHAJ  
STREET ADDRESS 1076 WEST HWY 436  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME JAYANTI, NAYEE  
STREET ADDRESS 219 CANTERCLUB TR.  
CITY-ST-ZIP LONGWOOD FL 32779

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME BHAVSAR, I.C.  
STREET ADDRESS 6167 HARBOUR TOWN CT.  
CITY-ST-ZIP ORLANDO FL 32819

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Pradip Patel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96  
Date

Daytime Phone #

CR2E037 (12/95)