2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
01-25-2001 90150 022 ****61.25

DOCUMENT # N92000000120

1. Entity Name

THE FLORIDA FEDERATION OF THE THEOSOPHICAL SOCIE

Principal Place of Business	Mailing Address
723 - 17TH STREET NORTH ST. PETERSBURG FL 33713	723 - 17TH STREET NORTH ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

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 23-7015219 ☐ 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
MOKHTAR, MOHAMED 721-17TH STREET N. ST. PETERSBURG FL 33713	Name VIBHAKAR NAVIN Street Address (P.O. Box Number is Not Acceptable) 6710, 121 AVE, N, #8 City LARGO **FL** Zip Code 33773

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 Nmvilmakr Treasurer 1/16/01.
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	P MOKHTAR, MOHAMED 12581 81 AVE. N. SEMINOLE FL 33776	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	BASURTO RICARDO 191 NE 45 St. #4. Miami FL, 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BASURTO, RICARDO 191 NE 45 ST #4 MIAMI FL 33137	☐ Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	HURD CAROL 2261 Everglades Dr. MIRAMAR, FL, 33023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HURD, CAROL 2261 EVERGLADES DRIVE MIRAMAR FL 33023	☐ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	VIBHAKAR NAVIN 6710 121 AVE N #8 Largo FL 33773	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VIBHAKAR, NAVIN 6710 121 AVE N #8 LARGO FL 33773	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CZERENDA RANDALL P.O.BOX 800836 Miami FL 33280.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CZERENDA, RANDALL PO BOX 800836 MIAMI FL 33280-0836	☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	BEALL-SHAVE BARBARA 1636 Seabreeze LN MELBOURNE FL 32935	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEALL-SHAVE, BARBARA 1636 SEABREEZE LN MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED 1/16/01 727 535-7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #