

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 723 - 17TH STREET NORTH ST. PETERSBURG FL 33713	Mailing Address 723 - 17TH STREET NORTH ST. PETERSBURG FL 33713
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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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MOKHTAR, MOHAMED
721-17TH STREET N.
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent
 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 *Nmvtmaly* *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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOKHTAR, MOHAMED 12581 81 AVE. N. SEMINOLE FL 33776	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BASURTO, RICARDO 191 NE 45 ST #4 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HURD, CAROL 2261 EVERGLADES DRIVE MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VIBHAKAR, NAVIN 6710 121 AVE N #8 LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZERENDA, RANDALL PO BOX 800836 MIAMI FL 33280-0836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEALL-SHAVE, BARBARA 1636 SEABREEZE LN MELBOURNE FL 32935	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASURTO RICARDO 191 NE 45 ST. #4. MIAMI FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HURD CAROL 2261 EVERGLADES DR. MIRAMAR, FL, 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VIBHAKAR NAVIN 6710 121 AVE N #8 LARGO FL 33773	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZERENDA RANDALL PO BOX 800836 MIAMI FL 33280	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEALL-SHAVE BARBARA 1636 SEABREEZE LN MELBOURNE FL 32935	<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 MOHAMED* *1/16/01* *727 535-7104*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)