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

000052601

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: Nmvi Bhakar 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: P NAME: MOKHTAR, MOHAMED STREET ADDRESS: 12581 81 AVE. N. CITY-ST-ZIP: SEMINOLE FL 33776	☒ Delete	TITLE: P NAME: BASURTO RICARDO STREET ADDRESS: 191 NE 45 St. #4. CITY-ST-ZIP: Miami FL, 33137	☒ Change ☐ Addition
TITLE: VD NAME: BASURTO, RICARDO STREET ADDRESS: 191 NE 45 ST #4 CITY-ST-ZIP: MIAMI FL 33137	☐ Delete	TITLE: VD NAME: HURD CAROL STREET ADDRESS: 2261 Everglades Dr. CITY-ST-ZIP: MIRAMAR, FL, 33023	☒ Change ☐ Addition
TITLE: VD NAME: HURD, CAROL STREET ADDRESS: 2261 EVERGLADES DRIVE CITY-ST-ZIP: MIRAMAR FL 33023	☐ Delete	TITLE: T NAME: VIBHAKAR NAVIN STREET ADDRESS: 6710 121 AVE N #8 CITY-ST-ZIP: Largo FL 33773	☐ Change ☐ Addition
TITLE: T NAME: VIBHAKAR, NAVIN STREET ADDRESS: 6710 121 AVE N #8 CITY-ST-ZIP: LARGO FL 33773	☐ Delete	TITLE: D NAME: CZERENDA RANDALL STREET ADDRESS: P.O. BOX 800836 CITY-ST-ZIP: MIAMI FL 33280.	☐ Change ☐ Addition
TITLE: D NAME: CZERENDA, RANDALL STREET ADDRESS: PO BOX 800836 CITY-ST-ZIP: MIAMI FL 33280-0836	☐ Delete	TITLE: S NAME: BEALL-SHAVE BARBARA STREET ADDRESS: 1636 Seabreeze LN CITY-ST-ZIP: MELBOURNE FL 32935	☐ Change ☐ Addition
TITLE: S NAME: BEALL-SHAVE, BARBARA STREET ADDRESS: 1636 SEABREEZE LN CITY-ST-ZIP: MELBOURNE FL 32935	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ 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 WAIVED 1/16/01 727-535-7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)