

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000093

1. Entity Name

MAHARISHI VEDIC UNIVERSITY, INC. (FLORIDA)

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90398 009 ****61.25

Principal Place of Business

4525 S. MANHATTAN AVENUE
TAMPA FL 33611
US

Mailing Address

MVED LEGAL DEPT. STE 400
225 WHISPERING HILLS RD
BOONE NC 28607-7388
US

2. Principal Place of Business

1125 SW 2nd Ave.

Suite, Apt., #, etc.

Gainesville, FL

City & State

Zip
32601

Country
USA

3. Mailing Address

639 Whispering Hills Rd.

Suite, Apt., #, etc.

Suite 725

City & State

Boone NC

Zip

28607-7388

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0409623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

N/A

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	PD	<input type="checkbox"/> Delete
NAME	BONCHEFF, JOHN T	
STREET ADDRESS	225 WHISPERING HILLS ROAD, SUITE 400	
CITY-ST-ZIP	BOONE NC	
TITLE	S	<input type="checkbox"/> Delete
NAME	POTTER, PAUL	
STREET ADDRESS	225 WHISPERING HILLS ROAD, SUITE 400	
CITY-ST-ZIP	BOONE NC	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATERSON, NEIL	
STREET ADDRESS	225 WHISPERING HILLS ROAD, SUITE 400	
CITY-ST-ZIP	BOONE NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, BEVAN	
STREET ADDRESS	DB-1113, 1000 N. 4TH ST.	
CITY-ST-ZIP	FAIRFIELD IA 52557-1113	
TITLE	D	<input type="checkbox"/> Delete
NAME	NANDKISHORE, BRAHMACHARI	
STREET ADDRESS	225 WHISPERING HILLS ROAD, SUITE 400	
CITY-ST-ZIP	BOONE NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	NADER, TONY M.A.	
STREET ADDRESS	225 WHISPERING HILLS RD., SUITE 400	
CITY-ST-ZIP	BOONE NC 28607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See attached sheets	
STREET ADDRESS	3720 Barham Blvd	
CITY-ST-ZIP	A-104 Los Angeles, CA 90068	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 Whispering Hills Road, Suite 500	
STREET ADDRESS	Boone NC	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MVU, Station 24, 6063 NP	
STREET ADDRESS	Vlodrop, The Netherlands	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MVU, Station 24, 6063 NP	
STREET ADDRESS	Vlodrop, The Netherlands	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MVU, Station 24, 6063 NP	
STREET ADDRESS	Vlodrop, The Netherlands	
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

Attachment
DT# N930000093
DAP 6 6675

CORPORATE OFFICERS
Maharishi Vedic University, Inc. (Florida)
Elected March 2, 1997
(Length of terms of office: indefinite)

PD:	Dr. John T. Boncheff SS# 572-84-1360 born July 17, 1950 single	3720 Barham Blvd. A-104 Los Angeles, CA 90068 (828) 265-4612
S:	Dr. Paul Potter SS# 041-38-1407 born Mar. 16, 1948 married	225 Whispering Hills Road, Suite 500 Boone, NC 28607 (828) 263-0780
ASD:	Dr. Benjamin Feldman SS# (none) born Mar. 16, 1954 single	225 Whispering Hills Road, Suite 400 Boone, NC 28607 (828) 265-4612
TD:	Dr. Neil Paterson Can. SS# 622-016-897 born Feb. 16, 1953 single	MVU Station 24, 6063 NP Vlodrop, The Netherlands +31-475-53-9521

Attachment
D# N980000093
0000075

Maharishi Vedic University, Inc. (Florida)

Board of Directors

Elected March 2, 2000
(Terms of office expire March 2, 2003)

Name	Address
Dr. Brahmachari Nandkishore	MVU, Station 24, 6063 NP Vlodrop, The Netherlands
Dr. Bevan Morris	Maharishi University of Management DB-1113, 1000 N. 4th St. Fairfield, IA 52557-1113
Dr. Tony M. A. Nader	MVU, Station 24, 6063 NP Vlodrop, The Netherlands
Dr. Neil Paterson (T)	MVU, Station 24, 6063 NP Vlodrop, The Netherlands
Dr. Benjamin Feldman (AS)	225 Whispering Hills Road, Suite 400 Boone, NC 28607
Dr. John T. Boncheff (P)	3720 Barham Blvd. A-104 Los Angeles, CA 90068
Dr. Hari M. Sharma	385 Edgington Drive Plain City, OH 43064
Mr. Thomas M. Headley	1177 Mesa Rd. Santa Barbara, CA 93108
Mr. David R. Verrill	639 Whispering Hills Road, Suite 725 Boone, NC 28607
Dr. Robert Keith Wallace	MUM, 1000 N. 4 th Street Fairfield, IA 52557