

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000000093

FILED  
Sep 01, 2003  
Secretary of State

Entity Name: MAHARISHI VEDIC UNIVERSITY, INC. (FLORIDA)

## Current Principal Place of Business:

1125 SW 2ND AVE  
GAINESVILLE, FL 32601 US

## New Principal Place of Business:

## Current Mailing Address:

639 WHISPERING HILLS RD  
SUITE 725  
BONNE, NC 28607 US

## New Mailing Address:

FEI Number: 65-0409623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MORRIS, BEVAN DR  
Address: DB-1113, 1000 N. 4TH ST.  
City-St-Zip: FAIRFIELD, IA 525571113

Title: S ( ) Delete  
Name: POTTER, PAUL  
Address: 225 WHISPERING HILLS RD, STE 500  
City-St-Zip: BOONE, NC 28607

Title: TD ( ) Delete  
Name: PATERSON, NEIL  
Address: MVU, STATION 24  
City-St-Zip: VLODRP, NE 6063 NP

Title: D ( ) Delete  
Name: MORRIS, BEVAN  
Address: DB-1113, 1000 N. 4TH ST.  
City-St-Zip: FAIRFIELD, IA 525571113

Title: S ( ) Delete  
Name: POTTER, PAUL  
Address: 1950 MANSION DRIVE  
City-St-Zip: MAHARISHI, IA 52556

Title: T ( ) Delete  
Name: PATERSON, NEIL DR  
Address: MVU, STATION 24  
City-St-Zip: VLODROP, NE 6063NP

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL POTTER

S

09/01/2003

Electronic Signature of Signing Officer or Director

Date