

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001688

1. Entity Name

ISKCON FOUNDATION, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90072 019 \*\*\*\*61.25

Principal Place of Business 18107 N.W. COUNTY ROAD 239 ALACHUA FL 32615	Mailing Address P.O. BOX 1119 ALACHUA FL 32616-1119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13709 PROGRESS BLVD. Suite, Apt. #, etc. SUITE 148 City & State ALACHUA, FL Zip 32615	3. Mailing Address P.O. BOX 1378 Suite, Apt. #, etc. City & State ALACHUA, FL Zip 32616-1378 Country USA
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4. FEI Number 59-3197332	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

~~KHURANA, NAVEEN  
18107 N.W. COUNTY ROAD 239  
ALACHUA FL 32615~~

~~LEMIEUX, PIERRE  
18024 NW 112TH BLVD.  
ALACHUA, FL 32615~~

7. Name and Address of New Registered Agent

Name  
LEMIEUX, PIERRE

Street Address (P.O. Box Number is Not Acceptable)  
18024 NW 112TH BLVD.

City  
ALACHUA

FL

Zip Code  
32615

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 PIERRE LEMIEUX APRIL 15/2000

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, ALFRED 1137 NW 199TH AVE ALACHUA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANDGENT, CHARLES 4 SECOND ST MAYNARD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBSON, DAVID 425 GREENWOOD AVE WYNCOTE PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHURANA, NAVEEN 18107 NW CR. 239 ALACHUA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEER, CHARLES 3760 MOTOR AVE #315 LOS ANGELES CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, GEOFFREY 9800 GABBLE RIDGE TERR ROCKVILLE MD	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER PIERRE LEMIEUX, PIERRE 18024 NW 112TH BLVD. ALACHUA, FL 32615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WALKER, GEOFFREY 1206 TREASURE OAK DRIVE ROCKVILLE, MD 20852-1055	<input checked="" 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: PIERRE LEMIEUX APRIL 15/2000 9044625353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)