

2001 UNIFORM BUSINESS REPORT (UBR)

3/28

FILED
Jun 19, 2001 8:00 am
Secretary of State

03-28-2001 90073 034 ****61.25

DOCUMENT # N95000003275

1. Entity Name

INDIAN ASSOCIATION OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

5240 MARTINIQUE DRIVE
 LAKELAND FL 33813
 US

P.O. BOX 7181
 LAKELAND FL 33801
 US

2. Principal Place of Business

4723 HIGHLANDS PLACE DR

Suite, Apt. #, etc.

City & State

LAKELAND FL

Zip

33813

Country

USA

3. Mailing Address

PO BOX 7181

Suite, Apt. #, etc.

City & State

LAKELAND FL

Zip

33801-7181 USA

Country

4. FEI Number

59-3327187

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, C.N.
4723 HIGHLANDS PLACE DR.
LAKELAND FL 33813

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature Required when re-issuing)

3/22/2001

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	D	<input checked="" type="checkbox"/> Delete
NAME	PATEL, JAYANT J	
STREET ADDRESS	5532 HIGHLAND VISTA CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PATEL, ATUL N	
STREET ADDRESS	6521 CREWS LAKE CIRCLE LOOP	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATEL, ROHIT D	
STREET ADDRESS	3520 CLEVELAND HTS BLVD	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATEL, NAVINBHAI U	
STREET ADDRESS	4703 KIMBALL CT WEST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PATEL, C N	
STREET ADDRESS	4723 HIGHLANDS PLACE DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PATEL, KAMLESH C	
STREET ADDRESS	5240 MARTINIQUE DR	
CITY-ST-ZIP	LAKELAND FL 33813	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHMUKH M. PATEL	
STREET ADDRESS	1702 1/2 HWY 92 WEST	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL C. N.	
STREET ADDRESS	4723 HIGHLANDS PLACE DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL CHANDRAVADAN	
STREET ADDRESS	2334 MILES COURT	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAYANT J. PATEL	
STREET ADDRESS	5532 HIGHLANDS VISTA CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KISHOR B. GOHIL	
STREET ADDRESS	773 POWDER HORN ROW	
CITY-ST-ZIP	LAKELAND FL 33804	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMAL R. PATEL	
STREET ADDRESS	5435 HIGHLANDS VISTA CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33813	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2001

DATE

863 647 3368

Daytime Phone #

CR2E037 (10/00)