2000 UNIFORM BUSINESS REPORT (UBR)

May 02, 2000 8:00 am Secretary of State DOCUMENT # **N96000003909** CHILDREN OF KRISHNA, INC. 05-02-2000 90030 050 ****69.00 Principal Place of Business Mailing Address P.O. BOX 2458 15914 NW 1207H PL ALACHUA FL 32616-2458 ALACHUA FL 32615 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-3401602 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HAGGARD, JENNIFER 15914 NW 120TH PL ALACHUA FL 32615 Zip Code City FL 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 ed agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. David Jakupko 18225 NW CR 239 X Addition the top ☐ Delete TITLE TITLE NAME WALKER, GEOFFREY NAME STREET ADDRESS STREET ADDRESS 1206 TREASURE OAK CT Alachua FL 32615 CITY-ST-ZIP CITY-ST-7IP ROCKVILLE MD 20852 ☐ Change **Addition ■** Delete TITLE Giri Santillan DP. TITLE NAME DOMINGO, KEITH R NAME 3675 Vinton Ave. #6 STREET ADDRESS STREET ADDRESS 14120 MLK BLVD. CITY-ST-ZIP CITY-ST-ZIP os Angeles CA 90034 <u>Alachua Fl 32615</u> 'nπĒ ☐ Change ☐ Addition Delete NAME HAGGARD, JENNIFER STREET ADORESS STREET ADDRESS 15914 NW 120TH PL CITY-ST-7IP CITY-ST-ZIP <u>Alachua Fl 32615</u> ☐ Change ☐ Addition ☐ Delete TITLE NAME WOLF, DAVID STREET ADDRESS STREET ADORESS 17303 NW 112TH BLVD CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME KASEDER, EMANUAL STREET ADDRESS STREET ADDRESS 425 LEONARD AVE CITY-ST-ZIP CITY-ST-ZIP DEKALB IL 60115 ☐ Change Addition X Delete TITLE TITLE NAME NAME MCKEE, MICHAEL STREET ADDRESS STREET ADDRESS 529 HILLSBOROUGH ST. CITY-ST-ZIP CITY-ST-ZIP CHAPEL HILL NC 27515-9360 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:

ATURE BLOUBED

4-18-00

904-462-1081

FILED