

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000003909**

1. Entity Name

**CHILDREN OF KRISHNA, INC.**

Principal Place of Business

**15914 NW 120TH PL  
ALACHUA FL 32615**

Mailing Address

**P.O. BOX 2458  
ALACHUA FL 32616**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3401602**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAGGARD, JENNIFER  
15914 NW 120TH PL  
ALACHUA FL 32615**

Name

Street Address (P.O. Box Number is Not Acceptable)

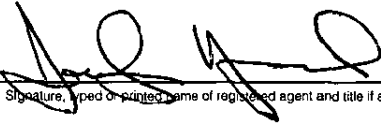
City

**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

**JENNIFER HAGGARD MANAGING DIRECTOR 4-15-01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALKER, GEOFFREY 1206 TREASURE OAK CT ROCKVILLE MD 20852</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FELICIA REBELMAN 50 WATER ST. #306 NORWALK, CT 06854</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DMT HAGGARD, JENNIFER 15914 NW 120TH PL ALACHUA FL 32615</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JORGE SANTILLAN PO BOX 54 CULVER CITY, CA 90232</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOLF, DAVID 17303 NW 112TH BLVD ALACHUA FL 32615</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVID JAKUPKO PO BOX 1445 / 18225 CR NW 239 ALACHUA, FL 32616</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KASDER, EMANUAL 425 LEONARD AVE DEKALB IL 60115</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KASDER EMANUAL 17818 NW 112th BLVD ALACHUA FL 32615</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-01 904-462-1081**

Date

Daytime Phone #

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90113 021 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)