

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90241 012 \*\*\*\*70.00

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3401602**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **HAGGARD, JENNIFER**

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

**13018 NW 148th TERRACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-22-02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, GEOFFREY</b>	
STREET ADDRESS	<b>1206 TREASURE OAK CT</b>	
CITY-ST-ZIP	<b>ROCKVILLE MD 20852</b>	
TITLE	<b>DMT</b>	<input type="checkbox"/> Delete
NAME	<b>HAGGARD, JENNIFER</b>	
STREET ADDRESS	<b>15914 NW 120TH PL</b>	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOLF, DAVID</b>	
STREET ADDRESS	<b>17303 NW 112TH BLVD</b>	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KASDER, EMANUAL</b>	
STREET ADDRESS	<b>17818 NW 112TH BLVD</b>	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BEBELMAN, FELICIA</b>	
STREET ADDRESS	<b>50 WATER STREET, #306</b>	
CITY-ST-ZIP	<b>NORWALK CT 06854</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANTILLAN, JORGE</b>	
STREET ADDRESS	<b>P.O. BOX 54</b>	
CITY-ST-ZIP	<b>CULVER CITY CA 90232</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jaya Radhe Kaseder</b>	
STREET ADDRESS	<b>17818 NW 112th Blvd.</b>	
CITY-ST-ZIP	<b>Alachua FL 32615</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Radhika Fitch</b>	
STREET ADDRESS	<b>P.O. Box 1483</b>	
CITY-ST-ZIP	<b>Alachua FL 32616</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**JENNIFER HAGGARD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-22-02**

**386 462 1081**

Date

Daytime Phone #

CR2E037 (9/01)