

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005178

1. Entity Name

ISKCON WORLD NEWS, INC.

FILED

Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90340 015 ****61.25

Principal Place of Business

21106 NW COUNTY RD 239
ALACHUA FL 32615

Mailing Address

P O BOX 238
ALACHUA FL 32616-0238

B0077387



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3409638

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRADMAN, HEYWARD A
757 NW 27TH AVE
THIRD FLOOR
MIAMI FL 33125

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 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	D	<input type="checkbox"/> Delete
NAME	MCCLELLAN, RONALD G	
STREET ADDRESS	P O BOX 238 N/A	
CITY-ST-ZIP	ALACHUA FL 32616-0238	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLELLAN, MARSHA L	
STREET ADDRESS	P O BOX 238 N/A	
CITY-ST-ZIP	ALACHUA FL 32616-0238	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, MICHAEL A	
STREET ADDRESS	10310 OAKLYN DR	
CITY-ST-ZIP	POTOMAC MD 20854-3932	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	JORGE C. NISENSOHN	
STREET ADDRESS	R.R. 2, BOX 4542	
CITY-ST-ZIP	PAHOA, HI 96778	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	BARBARA K. MCKENZIE	
STREET ADDRESS	R.R. 2, BOX 4542	
CITY-ST-ZIP	PAHOA, HI 96778	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	GARY ALEKSIEWICZ	
STREET ADDRESS	8808 NW 2190 PLACE	
CITY-ST-ZIP	ALACHUA, FL 32615	

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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:

Marsha McClellan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHA MCCLELLAN 4-9-02 386-462-5054

Date

Daytime Phone #

CR2E037 (9/01)