2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
03-03-2002 90115 025 ****61.25

DOCUMENT # N96000006444

1. Entity Name

LALIT K. & ANUBHA GUPTA FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
3520 SHORELINE CIRCLE PALM HARBOR FL 34684	~~3433 GULF DRIVE~~ ~~SUITE #3~~ ~~NEW PORT RICHEY FL 34634~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3520 SHORELINE CIR Suite, Apt. #, etc.
City & State	City & State: PALM HARBOR, FL 34684
Zip / Country	Zip / Country

4. FEI Number: 59-3414979 ☐ 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
GASSMAN, ALAN S 1245 COURT STREET, STE. 102 CLEARWATER FL	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GUPTA, LALIT K 3520 SHORELINE CIRCLE PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GUPTA, ANUBHA 3520 SHORELINE CIRCLE PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUPTA, ARJUN 3520 SHORELINE CIRCLE PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUPTA, ADITI 3520 SHORELINE CIR PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUPTA, VAANI 3520 SHORELINE CIR PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUPTA, ANJNA 3505 DEER RUN DRIVE SPRINGFIELD IL 62707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 2/14/02 727-847-2214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (727) Daytime Phone #