2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

UNIFORM BUSINESS REPORT (UBR)							Jan 16, 2003 8:00 am				
DOCUMENT # N9600006444 1. Entity Name LALIT K. & ANUBHA GUPTA FAMILY FOUNDATION, INC.							X	Secretary of State 01-16-2003 90135 017 ****61.25			
Principal Place of Business 3520 SHORELINE CIRCLE PALM HARBOR FL 34684			Mailing Address 3520 SHORELINE CIRCLE PALM HARBOR FL 34684 US				1400年114 114 114 114 114 114 114 114 114 114				
2. Principal Place of Business			3. Mailin	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			·	4. FEI Number 59-3414979 Applied For Not Applicable				
Zip	Country		Zip		Cou	intry	5. Certificate of Sta	atus Desired	\$8.75 Ad Fee Require		
	Agent			7. Name and Addr	ess of New Registered						
						Name	The same real section registered registre				
GASSMAN ALAN S 1245 COURT STREET, STE. 102						Street Address	(P.O. Box Number is Not Acceptable)				
CLEARWATER FL						City	FL Zip Code			le	
8. The above	e named entit	y submits this statement fo	or the purpose	of changing its	ragiotare	d office or registr	produces as both in the		- 1		
SIGNATURE Signature, typed or printed name of registered agent and title if applica FILE NOW: FEE IS \$61.25							\$5.00 May Be Added to Fees	Make Chec Florida Depar			
10.		OFFICERS AND DIE	RECTORS	 	11.	 .	ADDITIONS (CHANCE	S TO OFFICERS AND DI	DEOTODO II	140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUPTA, LA 3520 SHO PALM HAF	ALIT K RELINE CIRCLE	ILOTOTIO	☐ Delete	TITLE NAME STREE		ADDITIONS/CHANGE	S TO OFFICERS AND DI	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUPTA, AI 3520 SHO PALM HAF	RELINE CIRCLE		☐ Delete			and the second of the second o	e e e e e e e e e e e e e e e e e e e	☐ Change	Addition	
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TITLE	D			☐ Delete	TITLE			_	☐ Change	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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

GUPTA, ANJNA 3505 DEER RUN DRIVE

SPRINGFIELD IL 62707

NAME

STREET ADDRESS

TK. GUPTA

847-2214

FILED