

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002850

1. Entity Name

VAISHNAVA ACADEMY FOR GIRLS, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90008 050 ****61.25

Principal Place of Business Mailing Address
18925 CR 239 18925 CR 239
ALACHUA FL 32615 ALACHUA FL 32615-4550

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3521830 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HICKEY, LINDA
18925 CR 239
ALACHUA FL 32615

7. Name and Address of New Registered Agent

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 *Linda Hickey*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HICKEY, LINDA	
STREET ADDRESS	18925 CR 239	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMEO, LISA	
STREET ADDRESS	18925 CR 239	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, TANHARA	
STREET ADDRESS	18925 CR 239	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTER, SUZANNE	
STREET ADDRESS	18925 CR 239	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seth Spellman	
STREET ADDRESS	15206 NW 8th St.	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Delaney	
STREET ADDRESS	P.O. Box 1056	
CITY-ST-ZIP	Alachua, FL 32616	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Wolf	
STREET ADDRESS	17303 NW 112th Blvd.	
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		
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: *Linda Hickey* 1/27/2000 (904) 462-1372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)