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

CHANGED OF DIRECTORS

03 DEC -1 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002873

1. Entity Name
MAYAPUR FOUNDATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 747	P.O. BOX 747
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALACHUA, FL	City & State: ALACHUA, FL
Zip: 32616 Country: ALACHUA	Zip: 32616 Country: ALACHUA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3510862 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SETH W. SPELLMAN

Street Address (P.O. Box Number is Not Acceptable): 15206 NW 89TH ST.

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. I am familiar with, and accept the obligations of registered agent.

000025087030
12/01/03--01012--010 **61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	TITLE	
NAME	JOHN SIMS	NAME	
STREET ADDRESS	236 WILDWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	BOULDER, CO 80304	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	GREGORY STEIN	NAME	
STREET ADDRESS	10316 CHEVIOT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90064	CITY-ST-ZIP	
TITLE	DIRECTOR/PRESIDENT	TITLE	
NAME	STEPHEN RAISZ	NAME	
STREET ADDRESS	27511 NW CR 241	STREET ADDRESS	
CITY-ST-ZIP	ALACHUA, FL 32615	CITY-ST-ZIP	
TITLE	TREASURER	TITLE	
NAME	PIERRE LEMIEUX	NAME	
STREET ADDRESS	18024 NW 112TH BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ALACHUA, FL 32615	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PIERRE LEMIEUX 11/21/03 386 462 7794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #