

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007042

1. Entity Name

RADHA KRISHNA MANDIR AND YOGA CENTER, INC.

Principal Place of Business

2969 COASTAL HIGHWAY
ST. AUGUSTINE FL 32095

Mailing Address

2969 COASTAL HIGHWAY
ST. AUGUSTINE FL 32095

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

NOT APPLICABLE

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

BOLTE, FRANCES
3001 1ST STREET
ST. AUGUSTINE FL 32095

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
D
BOLTE, FRANCES
3001 1ST STREET
ST AUGUSTINE FL 32095

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

correct spelling
BOLTE, FRANCIS

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOPEZ, DOUGLAS
3001 1ST STREET
ST AUGUSTINE FL 32095

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DADI, LOLOKA
2969 COASTAL HIGHWAY
ST. AUGUSTINE FL 32095

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

correct spelling
DASI LOLOKA

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAS, NIDAI
2969 COASTAL HIGHWAY
ST. AUGUSTINE FL 32095

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

correct spelling
DAS NITAI

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MASHIEV, ALEXIS
2969 COASTAL HIGHWAY
ST. AUGUSTINE FL 32095

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAS, KUTICHALE
2969 COASTAL HIGHWAY
ST. AUGUSTINE FL 32095

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DAS, Kutichale

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 13 2001

Date

Daytime Phone #

(904) 819 0221

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90244 048 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)