

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007042
1. Entity Name
Radha Krishna Mandir & Yoga Center
INC

APPROVED
AND
FILED

01 AUG -6 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2949 Coastal Hwy
St. Augustine, FL 32084
Mailing Address SAME

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3548997
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Francis Bolte
3001 First St.
St. Augustine, FL 32084

7. Name and Address of New Registered Agent
Name Douglas Gregg
Street Address (P.O. Box Number is Not Acceptable)
3001 First St.
City St. Augustine **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 Douglas Gregg **Aug 6, 01**
Signature, typed or printed name of registered agent and 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
Director	Francis Bolte	3001 1st St	St. Augustine FL 32095	
Director	Douglas Lopeny	3001 1st St.	St. Augustine FL 32095	<input checked="" type="checkbox"/> Delete
Secretary	Dasi Olona	2969 Coast Hwy	St. Augustine FL 32095	<input checked="" type="checkbox"/> Delete
Director	DAS Nitai	2969 Coast Hwy	St. Augustine FL 32095	<input checked="" type="checkbox"/> Delete
Treasurer	Alexis Mashiev	2969 Coastal Hwy	St. Augustine FL 32095	<input checked="" type="checkbox"/> Delete
Director	Rutichak Das	2969 Coastal Hwy	St. Augustine FL 32095	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
President/Director	Douglas Gregg	3001 1st St.	St. Augustine FL 32084	
Treasurer/Director	Per Sinclair	3001 1st St.	St. Augustine FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secretary/Director	DON ROUSSE	2949 Coastal Hwy	St. Augustine FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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: DON ROUSSE 20 Rev 8-6-01 904-819-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)