

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004673

1. Entity Name

SATHI AND SARAVANA RAJAN FOUNDATION, INC.

Principal Place of Business

2398 NEWFOUND HARBOR DRIVE
MERRITT ISLAND FL 32952

Mailing Address

2398 NEWFOUND HARBOR DRIVE
MERRITT ISLAND FL 32952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3593456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAJAN, SARAVANA
2398 NEWFOUND HARBOR DRIVE
MERRITT ISLAND FL 32952

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

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
After September 12, 2001, min. will be \$236.25

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 ☐ Delete
NAME RAJAN, SARAVANA
STREET ADDRESS 2398 NEWFOUND HARBOR DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ Delete
NAME RAJAN, SATHI
STREET ADDRESS 2398 NEWFOUND HARBOR DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ Delete
NAME RAJAN, SUDHIR
STREET ADDRESS 2398 NEWFOUND HARBOR DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 4000004649974
CITY-ST-ZIP -10/23/01-01049-016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

SIGNATURE REQUIRED

8/31/01

321-452-5793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DO NOT WRITE IN THIS SPACE



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 11 PM 4:53

CR2E037 (5/01)