

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**  
 09-12-2000 90150 048 \*\*\*\*61.25

**DOCUMENT # N99000004860**

1. Entity Name

KUNJANI SANBONANI INSTITUTE, INC.

*f*

Principal Place of Business

3120 HENDRICKS AVE.  
 JACKSONVILLE FL 32207

Mailing Address

3120 HENDRICKS AVE.  
 JACKSONVILLE FL 32207

*SAME* *COMPLETED IN ERROR NO CHANGE*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

JACKSONVILLE, FL

Suite, Apt. #, etc.

3. Mailing Address

3120 HENDRICKS AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RIDGE, GEORGE E  
 1200 SUNTRUST BANK BLDG.  
 200 W. FORSYTH ST.  
 JACKSONVILLE FL 32202

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 13, 2000 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 ~~XXXXXXXXXX~~ ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 CITY-ST-ZIP

**SEE ATTACHED FORM**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SEE ATTACHED FORM REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BOBBIE CONNOR**  
 Date 09/05/00 398-8091  
 Daytime Phone #

CR2E037 (5/00)

attachment  
N991000048140  
A0077053

Radford Wilson, P  
2330 Euclid Heights Blvd  
#404  
Cleveland Heights OH 44106

Hayagreva Rao, D  
Emory University  
1300 Clifton Road  
Atlanta GA 30322

Laurie Leitch, D  
6009 Princeton Ave  
Glenn Echo MD 20812

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Nancy Meyer, D  
50 Hayfields Road  
Portola Valley Ca 94028

Ju'Coby Pittman, D  
613 W. Ashley St.  
Jacksonville FL 32202

Andrew Bell Jr., D  
1300 Riverplace Blvd  
Suite 500  
Jacksonville FL 32207

Bryant Rollins, D  
9328 Arbolita Way  
Jacksonville FL 32256

Shirley Stetson, D  
9328 Arbolita Way  
Jacksonville FL 32256

Bobbie O'Connor, D  
3120 Hendricks Ave  
Jacksonville FL 32207

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