

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 23, 2001 8:00 am
Secretary of State

04-27-2001 90401 009 ****61.25

DOCUMENT # N99000004860

1. Entity Name

KUNJANI SANBONANI INSTITUTE, INC.

Principal Place of Business

Mailing Address

3120 HENDRICKS AVE.
JACKSONVILLE FL 32207

3120 HENDRICKS AVE.
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

59-3689828

4. FEI Number

APPLIED FOR

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	P	☐ Delete
NAME	WILSON, RADFORD	
STREET ADDRESS	2330 EUCLID HEIGHTS BLVD #404	
CITY-ST-ZIP	CLEVELAND HEIGHTS OH 44108	
TITLE	D	☐ Delete
NAME	RAO, HAYAGREVA	
STREET ADDRESS	EMORY UNIV 1300 CLIFTON RD	
CITY-ST-ZIP	ATLANTA GA 30322	
TITLE	D	☐ Delete
NAME	LEITCH, LAURIE	
STREET ADDRESS	6009 PRINCETON AVE	
CITY-ST-ZIP	GLEN ECHO MD 20812	
TITLE	D	☐ Delete
NAME	MEYER, NANCY	
STREET ADDRESS	50 HAYFIELDS RD	
CITY-ST-ZIP	PORTOLA VALLEY CA 94028	
TITLE	D	☐ Delete
NAME	PITTMAN, JIM COBY	
STREET ADDRESS	613 W ASHLEY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	☐ Delete
NAME	BELL, JR, ANDREW	
STREET ADDRESS	1300 RIVERPLACE BLVD STE 500	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	D	☒ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☐ Change ☒ Addition
NAME	BRYANT ROLLINS	
STREET ADDRESS	D.O. BOX 880549	
CITY-ST-ZIP	JACKSONVILLE, FL 32255	
TITLE	D	☐ Change ☒ Addition
NAME	SHIRLEY STETSON	
STREET ADDRESS	9328 ARBOLITA WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☐ Change ☒ Addition
NAME	BOBBIE O'CONNOR	
STREET ADDRESS	3120 HENDRICKS AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	P	☐ Change ☒ Addition
NAME	BRYANT ROLLINS	
STREET ADDRESS	9328 ARBOLITA WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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: BOBBIE O'CONNOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/01 (904) 398-8091

CR2E037 (10/00)