

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90147 019 ****61.25

DOCUMENT # N99000004860

1. Entity Name

KUNJANI SANBONANI INSTITUTE, INC.



Principal Place of Business

**3120 HENDRICKS AVE.
JACKSONVILLE FL 32207**

Mailing Address

**3120 HENDRICKS AVE.
JACKSONVILLE FL 32207**

2. Principal Place of Business

9328 ARBOLITA WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 550549

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

Country

32256 USA

Zip

Country

32255 USA

4. FEI Number

59-3689828

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WILSON, RADFORD**
STREET ADDRESS **2330 EUCLID HEIGHTS BLVD #404**
CITY-ST-ZIP **CLEVELAND HEIGHTS OH 44106**

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

TITLE **D** ☐ Delete
NAME **RAO, HAYAGREVA**
STREET ADDRESS **EMORY UNIV 1300 CLIFTON RD**
CITY-ST-ZIP **ATLANTA GA 30322**

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

TITLE **PD** ☐ Delete
NAME **ROLLINS, BRYANT**
STREET ADDRESS **9328 ARBOLITA WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **D** ☐ Delete
NAME **STETSON, SHIRLEY B**
STREET ADDRESS **9328 ARBOLITA WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **D** ☐ Delete
NAME **PITTMAN, JU COBY**
STREET ADDRESS **613 W ASHLEY ST**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE **D** ☐ Delete
NAME **BELL, JR, ANDREW**
STREET ADDRESS **1300 RIVERPLACE BLVD STE 500**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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:

SIGNATURE REQUIRED

BRYANT ROLLINS

4/25/03

904-448-9098

CR2E037 (10/02)