

2000 UNIFORM BUSINESS REPORT (UBR)

21

DOCUMENT # N99000007245

1. Entity Name

VEDIC CULTURAL SOCIETY, INC.

Principal Place of Business

781 HIDDEN RIVER DR
PORT SAINT LUCIE FL 34983

Mailing Address

781 HIDDEN RIVER DR
PORT SAINT LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0967490

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGGARWAL, DARSHAN
781 HIDDEN RIVER DR
PORT SAINT LUCIE FL 34983

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

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTP
NAYER, SUDHIR MD
781 HIDDEN RIVER DR
PORT SAINT LUCIE FL 34983☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTP
CHALASANI, PARASAD MD
781 HIDDEN RIVER DR
PORT SAINT LUCIE FL 34983☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTS
AGGARWAL, DARSHAN MD
781 HIDDEN RIVER DR
PORT SAINT LUCIE FL 34983☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTT
WALIA, SANJIV MD
781 HIDDEN RIVER DR
PORT SAINT LUCIE FL 34983☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTT
PATEL, DEVANG MD
781 HIDDEN RIVER DR
PORT SAINT LUCIE FL 34983☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPT
NAYYER, RAMESH
781 HIDDEN RIVER DR
PORT SAINT LUCIE FL 34983☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR03037 (9/99)