

# 2002 UNIFORM BUSINESS REPORT (UBR)

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 Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE TP  
NAME NAYER, SUDHIR MD  
STREET ADDRESS 781 HIDDEN RIVER DR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE TP  
NAME CHALASANI, PARASAD MD  
STREET ADDRESS 781 HIDDEN RIVER DR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE TS  
NAME AGGARWAL, DARSHAN MD  
STREET ADDRESS 781 HIDDEN RIVER DR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE TT  
NAME WALIA, SANJIVE MD  
STREET ADDRESS 781 HIDDEN RIVER DR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE TT  
NAME PATEL, DEVANG MD  
STREET ADDRESS 781 HIDDEN RIVER DR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE T  
NAME NAYYER, RAMESH  
STREET ADDRESS 781 HIDDEN RIVER DR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TP Dr. Aggarwal, Darshan MD ☐ Change ☐ Addition  
STREET ADDRESS 781 Hidden River Dr.  
CITY-ST-ZIP Port Saint Lucie FL 34983

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

TITLE Secretary ☐ Change ☐ Addition  
NAME Dr. Walia, Sanjive MD  
STREET ADDRESS 781 Hidden River Dr.  
CITY-ST-ZIP Port Saint Lucie FL 34983

TITLE TT ☐ Change ☐ Addition  
NAME Dr. Kalyani MD  
STREET ADDRESS 781 Hidden River Dr.  
CITY-ST-ZIP Port Saint Lucie 34983

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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 #

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 90008 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)