

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P 98000009740

1. Entity Name
YOGI DIVINE SOCIETY OF ORLANDO, INC.

FILED

00 NOV 14 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
201 PARK PLACE #207
ALTAMONTE SPRINGS
FL 32701

Mailing Address
201 PARK PLACE #207
ALTAMONTE SPRINGS
FL 32701

2. Principal Place of Business
2707 ORLANDO DR
Suite, Apt. #, etc.

3. Mailing Address
2707 ORLANDO DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SANFORD FL

City & State
SANFORD FL

4. FEI Number
59-3499098

Applied For
Not Applicable

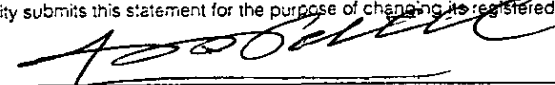
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country Zip Country
32773 32773

6. Name and Address of Current Registered Agent
DINESH CHOKSHI
201 PARK PLACE #207
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent
Name
PATEL PRADIP
Street Address (P.O. Box Number is Not Acceptable)
2707 ORLANDO DR
City SANFORD FL Zip Code 32773

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

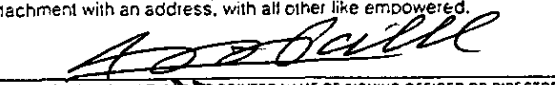
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SWAMI SHREE HARIPRASADJI STREET ADDRESS 1812 HEMPEL AVE CITY-ST-ZIP GOTHA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003488172--0 -12/05/00--01103--002 ****150.00 ****150.00
TITLE VP NAME PRADIP S. PATEL STREET ADDRESS 617 W. 4TH AVE CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SECRETARY NAME JAYESH A. PATEL STREET ADDRESS 624 CANON RIDGE DR #444 CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1675 RACHELS RIDGE LOOP OCOE, FL 34761
TITLE TREASURER NAME PRADIP A. PATEL STREET ADDRESS 806 PINE RIDGE RD CITY-ST-ZIP SANFORD, FL 32773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2707 ORLANDO DR SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

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Yogi Divine Society of Orlando, Inc.
2707 Orlando Dr
Sanford, Fl. 32773

10/10/2000
10/10/2000
10/10/2000

November 1, 2000

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee Fl 32314

Ref:- Document # P98000009740

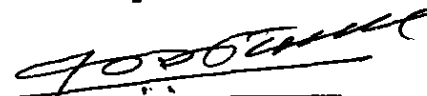
Sub:- Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned Pradip A. Patel, Treasurer of YOGI DIVINE SOCIETY OF ORLANDO, INC., a non-profit organization, would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2000 on the following grounds.

We never received the Annual Filing Form for 2000, may be lost in the mail due to old address, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2000 as I did not received the Filing Form for 2000. Further, our corporation is a religious non-profit corporation, strictly doing religious and cultural activities, we can not afford to pay penalty, I would like to request you to waive the penalty on the basis of lack of knowledge and misunderstandings.

As discussed with one of your representative, about the waiver of penalty I am enclosing herewith the check of \$150.00 being an annaul filing fee for 2000 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, misunderstanding, and undue hardship on non-profit organization. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you. Sincerely,


(PRADIP A. PATEL)

encl:- as above