

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000443

1. Entity Name

RASAYANA COVE AYURVEDIC RETREAT, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90166 032 ***158.75

Principal Place of Business

Mailing Address

~~2198 MAIN STREET~~
~~SARASOTA FL 34237~~

~~2198 MAIN STREET~~
~~SARASOTA FL 34237-6024~~

2. Principal Place of Business

4224 SOLOMON RD

Suite, Apt. #, etc.

3. Mailing Address

4224 SOLOMON RD.

Suite, Apt. #, etc.

City & State

ONA, FL

City & State

ONA, FL

4. FEI Number

65-0886896

Applied For

Not Applicable

Zip

33865

Country

USA

Zip

33865

Country

USA

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

JAENSCH, P. CHRISTOPHER

2198 MAIN STREET

SARASOTA FL 34237

Name

DENNIS L. MADER

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

4224 SOLOMON RD.

City ONA

FL

Zip Code

33865

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 DENNIS L. MADER, VICE PRES.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

04-11-00

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 D ☐ Delete
NAME MADER, JULIA
STREET ADDRESS 4224 SOLOMON RD
CITY-ST-ZIP ONA FL 33865

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

TITLE D ☐ Delete
NAME MADER, DENNIS
STREET ADDRESS 4224 SOLOMON RD
CITY-ST-ZIP ONA FL 33865

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Julia Mader

PRES.

04-11-00

(863)-494-7365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)