

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110527

1. Entity Name

YOGRISHEE CORPORATION

Principal Place of Business

2712 FAIRMOUNT DR.  
SEBRING FL 33870-1684

Mailing Address

2712 FAIRMOUNT DR.  
SEBRING FL 33870-1684

2. Principal Place of Business

1499 NORTH LAKE AVE

3. Mailing Address

1499 NORTH LAKE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVON PARK FL

City & State

AVON PARK FL

4. FEI Number

65-0968265

Applied For

Not Applicable

Zip

33825-2424

Country

HIGH LANDS

Zip

33425-2424

Country

HIGHLANDS

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

7. Name and Address of New Registered Agent

Name

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

1411 NORTH LAKE AVE

City

AVON PARK

FL

Zip Code

33425

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

*Dilip Patel*

4-21-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATEL, LILA D  
1817 EASTVIEW RD.  
SEBRING FL 33870-1808 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1411 NORTH LAKE AVE  
AVON PARK FL 33425-2424 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *L. D. Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/00

Date

863-452-2483

Daytime Phone #

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90095 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE