

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001939

Entity Name: THE LEELA AND MURALI D. ATLURU FAMILY FOUNDATION, INC.**FILED**
Feb 05, 2020
Secretary of State
3991323595CC**Current Principal Place of Business:**1800 BEN FRANKLIN DR, B207
SARASOTA, FL 34236**Current Mailing Address:**1800 BEN FRANKLIN DR, B207
SARASOTA, FL 34236 US**FEI Number: 20-4010710****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ATLURU, LEELA
1800 BEN FRANKLIN DR, B207
SARASOTA, FL 34236 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title CP
Name ATLURU, MURALI D
Address 1800 BEN FRANKLIN DR, B207
City-State-Zip: SARASOTA FL 34236Title VCST
Name ATLURU, LEELA
Address 1800 BEN FRANKLIN DR, B207
City-State-Zip: SARASOTA FL 34236Title DVP
Name ATLURU, RAJESH
Address 1800 BEN FRANKLIN DR, B207
City-State-Zip: SARASOTA FL 34236Title D
Name ATLURU, SAILESH
Address 1800 BEN FRANKLIN DR, B207
City-State-Zip: SARASOTA FL 34236

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEELA ATLURU**VCST****02/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date