

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712225

1. Entity Name

KINNERET, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90207 004 ****61.25

Principal Place of Business

Mailing Address

515 S DELANEY AVE
 ORLANDO FL 32801

515 S DELANEY AVE
 ORLANDO FL 32801-3820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6194199

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHAN, JUDY S.
515 S. DELANEY
ORLANDO FL 32801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PERLMAN, RHONDA K.**
 STREET ADDRESS **3900 NEPTUNE DR**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE Change Addition
 NAME **BLAHER, NEAL J.**
 STREET ADDRESS **P.O. BOX 804**
 CITY-ST-ZIP **ORLANDO, FL 32802-0804**

TITLE Delete
 NAME **ED KAHAN, JUDY S.**
 STREET ADDRESS **206 CASTLEFORD CT N**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SILVERBERG, MARK B.**
 STREET ADDRESS **607 SWEETWATER COVE BLVD. S**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SCHWARTZ, MURRAY**
 STREET ADDRESS **1010 VIRGINIA DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **WEBMAN, ED**
 STREET ADDRESS **2801 ARDSLEY DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **HALIKMAN, FARLAN**
 STREET ADDRESS **1201 S ORLANDO AVE, STE 400**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Kahan
Judy Kahan

Date

3-28-00

Daytime Phone #

407
4254537

CR2E037 (9/99)