

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90028 010 ****61.25

DOCUMENT # 739736

1. Entity Name

KINNERET II, INC.

Principal Place of Business

Mailing Address

**517 S DELANEY AVENUE
 ORLANDO FL 32801**

**517 S DELANEY AVENUE
 ORLANDO FL 32801-3824**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1760028

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

632641



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 AVENUE
 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 **D SCHWARTZ, MURRAY**
 STREET ADDRESS **1010 VIRGINIA DR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **O PEARLMAN, RHONDA K.**
 STREET ADDRESS **3900 NEPTUNE DR.**
 CITY-ST-ZIP **ORLANDO, FL 32804**

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

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

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

TITLE Change Addition
 NAME **D KAMENOFF, MICHAEL**
 STREET ADDRESS **P.O. BOX 470643**
 CITY-ST-ZIP **CELEBRATION, FL 34747-0643**

TITLE Delete
 NAME **S ROEBUCK, ROBIN**
 STREET ADDRESS **2693 QUEEN MARY PL**
 CITY-ST-ZIP **MAITLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S WEINER, BEN**
 STREET ADDRESS **447 BRIARWOOD DR**
 CITY-ST-ZIP **WINTER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T 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)(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 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 REQUIRED Judy Kahan** 3-28-00 407 425 4537
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (9/99)