

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90046 038 \*\*\*\*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**

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**

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	<b>O</b>	<input type="checkbox"/> Delete
NAME	<b>PEARLMAN, RHONDA K</b>	
STREET ADDRESS	<b>3900 NEPTUNE DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>KAHAN, JUDY S.</b>	
STREET ADDRESS	<b>206 CASTLEFORD CT N</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SILVERBERG, MARK B.</b>	
STREET ADDRESS	<b>607 SWEETWATER COVE BLVD. S</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Delete
NAME	<b>BLAHER, NEAL J</b>	
STREET ADDRESS	<b>PO BOX 804</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32802-0804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAMENOFF, MICHAEL</b>	
STREET ADDRESS	<b>PO BOX 470643</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34747-0643</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HALIKMAN, FARLAN</b>	
STREET ADDRESS	<b>1201 S ORLANDO AVE STE 400</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Executive Dir 3/13/02 (407) 425-45**

Date Daytime Phone #

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CR2E037 (9/01)