2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9600005549 Apr 04, 2000 8:00 am Secretary of State KINNERET COUNCIL ON AGING, INC. 04-04-2000 90008 044 ****61.25 Mailing Address Principal Place of Business 515 SOUTH DELANEY AVENUE 515 SOUTH DELANEY AVENUE ORLANDO FL 32801-3820 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3408517 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEFKOWITZ, IVAN 430 N MILLS AVE ORLANDO FL 32803 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change Addition TITLE ☐ Delete TITLE 0 NAME NAME SILVERBERG, MARK PEARLMAN, RHONDA K. STREET ADDRESS STREET ADDRESS 607 SWEETWATER COVE BLVD S 3900 NEPTUNE DR. CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ORLANDO, FL 32804 Addition Change TITLE ☐ Delete TITLE NAME Kahan, Judy S NAME HALIKMAN, FARLEN STREET ADDRESS STREET ADDRESS 206 N CASTLEFORD CT 1201 S. ORLANDO AVE., STE 400 CITY-ST-ZIP CITY-ST-ZIP Longwood FL WINTER PARK, FL 32789-7192 Delete 🔃 TITLE TITLE NAME LEFKOWITZ, JOE NAME BLAHER, NEAL J. STREET ADDRESS STREET ADDRESS 57 INTERLAKEN RD P.O. BOX 804 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 32802-0804 Change ORLANDO, FL Addition TITLE Delete MYLES, JACK NAME STREET ADDRESS STREET ADDRESS 10714 LARISSA STREET CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32821 ☐ Addition Change TITLE ☐ Delete TITLE RENDER, BARRY PH.D. NAME NAME STREET ADDRESS STREET ADDRESS 2630 VIA TUSCANY CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 🔽 Delete TITLE Change Change Addition TITLE SCHWARTZ, MURRAY NAME NAME STREET ADDRESS STREET ADDRESS 1010 VIRGINIA DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 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

SIGNATURE

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

3-28-00

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Daytime Phone #