2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90008 044 ****61.25

DOCUMENT # N96000005549

1. Entity Name

KINNERET COUNCIL ON AGING, INC.

Principal Place of Business	Mailing Address
515 SOUTH DELANEY AVENUE ORLANDO FL 32801	515 SOUTH DELANEY AVENUE ORLANDO FL 32801-3820

DO NOT WRITE IN THIS SPACE

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 59-3408517 ☐ 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
LEFKOWITZ, IVAN 430 N MILLS AVE ORLANDO FL 32803	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SILVERBERG, MARK 607 SWEETWATER COVE BLVD S LONGWOOD FL	☐ Delete	O PEARLMAN, RHONDA K. 3900 NEPTUNE DR. ORLANDO, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAHAN, JUDY S 206 N CASTLEFORD CT LONGWOOD FL	☐ Delete	T HALIKMAN, FARLEN 1201 S. ORLANDO AVE., STE 400 WINTER PARK, FL 32789-7192	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEFKOWITZ, JOE 57 INTERLAKEN RD ORLANDO FL 32804	☒ Delete	S BLAHER, NEAL J. P.O. BOX 804 ORLANDO, FL 32802-0804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYLES, JACK 10714 LARISSA STREET ORLANDO FL 32821	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENDER, BARRY PH.D. 2630 VIA TUSCANY WINTER PARK FL 32789	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, MURRAY 1010 VIRGINIA DRIVE ORLANDO FL 32803	☒ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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 #