

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005549**

1. Entity Name

KINNERET COUNCIL ON AGING, INC.

Principal Place of Business

**515 SOUTH DELANEY AVENUE
ORLANDO FL 32801**

Mailing Address

**515 SOUTH 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

59-3408517

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEFKOWITZ, IVAN
430 N MILLS AVE
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

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

TITLE NAME	P SILVERBERG, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	607 SWEETWATER COVE BLVD S	
CITY-ST-ZIP	LONGWOOD FL	

TITLE NAME	D KAHAN, JUDY S	<input type="checkbox"/> Delete
STREET ADDRESS	206 N CASTLEFORD CT	
CITY-ST-ZIP	LONGWOOD FL	

TITLE NAME	O PEARLMAN, RHODA K	<input type="checkbox"/> Delete
STREET ADDRESS	3900 NEPTUNE DR	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE NAME	T HALIKMAN, FARLEN	<input type="checkbox"/> Delete
STREET ADDRESS	1201 S. ORLANDO AVE STE 400	
CITY-ST-ZIP	CHRISTMAS FL 32709-7192	

TITLE NAME	D RENDER, BARRY PH.D.	<input type="checkbox"/> Delete
STREET ADDRESS	2630 VIA TUSCANY	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE NAME	S BLAHER, NEAL J	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 804	
CITY-ST-ZIP	ORLANDO FL 32802-0804	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90305 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)