

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90157 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

00001001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3408517

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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TITLE <input type="checkbox"/> Delete NAME P SILVERBERG, MARK STREET ADDRESS 607 SWEETWATER COVE BLVD S CITY-ST-ZIP LONGWOOD FL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME UP. STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME D KAHAN, JUDY S STREET ADDRESS 206 N CASTLEFORD CT CITY-ST-ZIP LONGWOOD FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME O PEARLMAN, RHODA K STREET ADDRESS 3900 NEPTUNE DR CITY-ST-ZIP ORLANDO FL 32804	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PRBS. STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME T HALIKMAN, FARLEN STREET ADDRESS 1201 S. ORLANDO AVE STE 400 CITY-ST-ZIP CHRISTMAS FL 32709-7192	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME D RENDER, BARRY PH.D. STREET ADDRESS 2630 VIA TUSCANY CITY-ST-ZIP WINTER PARK FL 32789	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Secretary STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME S BLAHER, NEAL J STREET ADDRESS PO BOX 804 CITY-ST-ZIP ORLANDO FL 32802-0804	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Director 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: *Judy Kahan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

(407) 425-4537

Date Daytime Phone #

CR2E037 (9/01)