

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 268322**

1. Entity Name

SENNINGER IRRIGATION INC

Principal Place of Business

**6416 OLD WINTER GARDEN RD.
ORLANDO FL 32835-1348**

Mailing Address

**6416 OLD WINTER GARDEN RD.
ORLANDO FL 32835-1348**

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 **59-1000959**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KALEEL, SAMUEL J.
6416 OLD WINTER GARDEN RD
ORLANDO FL 32835**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **HEALY, A M**
STREET ADDRESS **6325 WYNGLOW LANE**
CITY-ST-ZIP **ORLANDO FL**TITLE **DV** ☐ Delete
NAME **HEALY, MARK**
STREET ADDRESS **1735 BLOSSOMWOOD**
CITY-ST-ZIP **ORLANDO FL**TITLE **DV** ☐ Delete
NAME **SENNINGER, THOMAS P.**
STREET ADDRESS **5948 LAKE NELLIE RD**
CITY-ST-ZIP **CLERMONT FL**TITLE **DV** ☐ Delete
NAME **ELLIOTT, FREDERICK T.**
STREET ADDRESS **12116 VALLEY RD.**
CITY-ST-ZIP **CLERMONT FL**TITLE **DS** ☐ Delete
NAME **SKOLNIK, ADAM R.**
STREET ADDRESS **12001 VALLEY RD.**
CITY-ST-ZIP **CLERMONT FL**TITLE **DT** ☐ Delete
NAME **KALEEL, SAMUEL J.**
STREET ADDRESS **1127 BLACK ACRE TR**
CITY-ST-ZIP **WINTER SPRINGS FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel J. Kaleel**3-21-01 (407)293-5555**

Date

Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90163 010 ***150.00

1 3 3 6 4 1

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

DOC. # 268322
733241

ATTACHMENT

2001 UNIFORM BUSINESS REPORT (UBR)

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SENNINGER IRRIGATION INC

OFFICERS AND DIRECTORS

TITLE	DS
NAME	CAROL KENNEDY
STREET ADDRESS	11019 ORANGESHIRE CT
CITY-ST-ZIP	OCOE FL 34761

TITLE	D
NAME	JAMES BURKS
STREET ADDRESS	16740 APPALOOSA TRAIL
CITY-ST-ZIP	MONTVERDE FL 34756
