

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002071

1. Entity Name

SYNAPSE HOLDING, INC.

FILED

00 JAN 28 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 960 REEF RD. VERO BEACH FL 32963	Mailing Address 960 REEF RD. VERO BEACH FL 32963-3023
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2. Principal Place of Business 242 Springline Drive	3. Mailing Address 242 Springline Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach FL	City & State Vero Beach FL
Zip 32963	Country USA

4. FEI Number 65-0815655	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEINKNECHT, PETER  
960 REEF RD.  
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name  
CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET  
City  
TALLAHASSEE FL Zip Code  
32301

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 BRIAN COURTNEY, ASST. V.P. 1/27/2000  
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KLEINKNECHT, PETER 960 REEF RD. VERO BEACH FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KLEINKNECHT, MAUREEN 960 REEF RD. VERO BEACH FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SABRINA KLEINKNECHT 242 SPRINGLINE DRIVE VERO BEACH FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003118431-9 -02/01/00--01067--023 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PETER KLEINKNECHT 960 REEF RD VERO BEACH FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sabrina Kleinknecht 1/27/00 5612346303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #