

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G96221

1. Entity Name

INTER-FINANCIAL GROUP, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90110 037 ***150.00

Principal Place of Business

Mailing Address

225 S. SWOOPE AVENUE
SUITE 101
MAITLAND FL 32751
US

P.O. BOX 941313
MAITLAND FL 32794-1313
US

2. Principal Place of Business

3. Mailing Address

1133 Louisiana Avenue

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Zip

32789

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2389254

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

KAPLAN, HAROLD J
660 CRICKLEWOOD TERRACE
HEATHROW FL 32746

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
KAPLAN, HAROLD J.
453 FLETCHER PLACE
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BIERMAN, ARNOLD H.
1110 W. IVANHOE BLVD.#30
ORLANDO FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KAPLAN, ROSALIND G.
453 FLETCHER PLACE
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ 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

Harold J. Kaplan

Harold J. Kaplan

3-30-01

Date

407 628-8444

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

0475052