

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State
 03-29-2000 90067 036 ***150.00

DOCUMENT # K10645

1. Entity Name

IGAL KNOBLER, P.A.

Principal Place of Business

**111 N ORANGE AVE
 20TH FLOOR
 ORLANDO FL 32801
 US**

Mailing Address

**111 N ORANGE AVE
 20TH FLOOR
 ORLANDO FL 32801-2316
 US**

2. Principal Place of Business

300 Garfield Avenue

3. Mailing Address

300 Garfield Avenue

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. FEI Number

59-2863403

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

**KNOBLER, IGAL
 111 N ORANGE AVE
 20TH FLOOR
 ORLANDO FL 32801**

Name

Igal Knobler

Street Address (B.O. Box Number is Not Acceptable)

300 Garfield Avenue

Suite B

City

Winter Park

FL

Zip Code
32789

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]

Igal Knobler, R.A.

3/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **KNOBLER, IGAL**
 STREET ADDRESS **111 N ORANGE AVE 20TH FLOOR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Knobler, Igal**
 STREET ADDRESS **300 Garfield Ave., Suite B**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

(407) 599-7011

Daytime Phone #

CR2E034 (9/99)