

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91510 026 \*\*\*\*61.25

**DOCUMENT # N01000000106**

1. Entity Name

**GAINESVILLE P'NAI OR, INC.**

Principal Place of Business

**4336 NW 27TH DR  
 GAINESVILLE FL 32605**

Mailing Address

**4336 NW 27TH DR  
 GAINESVILLE FL 32605**

2. Principal Place of Business

**4336 NW 27th Dr**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Gainesville, FL**

City & State

Zip

**32605**

Country

**USA**

Zip

Country

4. FEI Number

**30-0021180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, GARY  
 2706 NW 23RD TERR  
 GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

Name **Robert Kistenberg**

Street Address (P.O. Box Number is Not Acceptable)  
**3902 NW 21ST LANE**

City

**GAINESVILLE**

**FL**

Zip Code

**32605**

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)

**Robert Kistenberg**

**4/19/02**

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

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE<br>NAME  | <b>P<br/>Eric Diamond</b>     | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>3419 NW 30 Blvd</b>        |                                 |
| CITY-ST-ZIP    | <b>Gainesville FL 32605</b>   |                                 |
| TITLE<br>NAME  | <b>Dennis Shuman - VP</b>     | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>4336 NW 27 Dr</b>          |                                 |
| CITY-ST-ZIP    | <b>Gainesville FL 32605</b>   |                                 |
| TITLE<br>NAME  | <b>Robert Kistenberg</b>      | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>3902 NW 21st Lane</b>      |                                 |
| CITY-ST-ZIP    | <b>Gainesville, FL 32605</b>  |                                 |
| TITLE<br>NAME  | <b>D<br/>Renee Haffinger</b>  | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>4336 NW 27th Dr</b>        |                                 |
| CITY-ST-ZIP    | <b>Gainesville, FL 32605</b>  |                                 |
| TITLE<br>NAME  | <b>D<br/>Sheldon Isenberg</b> | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>PO Box 90192</b>           |                                 |
| CITY-ST-ZIP    | <b>Gainesville, FL 32605</b>  |                                 |
| TITLE<br>NAME  |                               | <input type="checkbox"/> Delete |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert Kistenberg**

**4/19/02 352 262-8600**

Date

Daytime Phone #

CR2E037 (9/01)