

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

002444

**DOCUMENT # N96000003329**

1. Entity Name

**GESHERIM L'YISRAEL, INC.**

03-22-2001 90056 019 \*\*\*\*61.25

Principal Place of Business

**1927 HARRISON STREET  
 TITUSVILLE FL 32780**

Mailing Address

**1927 HARRISON STREET  
 TITUSVILLE FL 32780**

**00036882**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**RUSHTON, MARCIA  
 1927 HARRISON ST  
 TITUSVILLE FL 32780**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **GINDER, ROY**  
 STREET ADDRESS **200 GREEN BRIAR AVE**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☒ Change ☐ Addition  
 NAME **GINDER ROY**  
 STREET ADDRESS **599 GAITHER-HINSON RD**  
 CITY-ST-ZIP **WAINSBORO TN 38485**

TITLE **D** ☐ Delete  
 NAME **GINDER, MAUREEN**  
 STREET ADDRESS **200 GREEN BRIAR AVE**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☒ Change ☐ Addition  
 NAME **GINDER MAUREEN**  
 STREET ADDRESS **599 GAITHER-HINSON RD**  
 CITY-ST-ZIP **WAINSBORO TN 38485**

TITLE **P** ☐ Delete  
 NAME **RUSHTON, DAVID**  
 STREET ADDRESS **1927 HARRISON ST**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **ST** ☐ Delete  
 NAME **RUSHTON, MARCIA**  
 STREET ADDRESS **1927 HARRISON ST**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE **D** ☐ Delete  
 NAME **LEEPER, PAT**  
 STREET ADDRESS **631 JAMESTOWN BLVD., #1204**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☐ Change ☒ Addition  
 NAME **JERRY REYNOLDS**  
 STREET ADDRESS **1116 WOODSMERE PKWY**  
 CITY-ST-ZIP **ROCKLEDGE FL 32953**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **NORMA REYNOLDS**  
 STREET ADDRESS **1116 WOODSMERE PKWY**  
 CITY-ST-ZIP **ROCKLEDGE FL 32953**

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 REQUIRED DAVID RUSHTON 3/17/01 321-264-2182**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)