

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748580

1. Entity Name

SYMPOSIA FOUNDATION, INC.

Principal Place of Business

4407 MANCHESTER AVE
STE 208
ENCINITAS CA 92024

Mailing Address

4407 MANCHESTER AVE
STE 208
ENCINITAS CA 92024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1938111

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

PILOTTE, FRANK T
MURPHY, REID, PILOTTE, ORD & AUSTIN
340 ROYAL PALM WAY, STE-100
PALM BEACH FL 33480

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 PD
NAME ZIMPELMAN, HILBERT M.
STREET ADDRESS 120 VIA CANTEBRIA, #A5
CITY-ST-ZIP ENCINITAS CA ☐ Delete

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

TITLE DCEO
NAME ZIMPELMAN, HILBERT M
STREET ADDRESS 120 VIA CANTEBRIA, #A5
CITY-ST-ZIP ENCINITAS CA 92024 ☐ Delete

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

TITLE SD
NAME TWICHEL, CAROLYN A
STREET ADDRESS 5500 MORRO WAY #68
CITY-ST-ZIP LA MESA CA 91942 ☐ Delete

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

TITLE VD
NAME GUYMON, MICHAEL M
STREET ADDRESS 439 POCONONTAS AVE
CITY-ST-ZIP SAN DIEGO CA 92117 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Hilbert M. Zimpelman 1/17/02 (760) 632-8882

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)