

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000348

1. Entity Name

PENN INDEPENDENT CORPORATION

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90005 031 \*\*\*150.00

Principal Place of Business

Mailing Address

420 S. YORK ROAD  
HATBORO PA 19040

420 S. YORK ROAD  
HATBORO PA 19040-3949

00024320



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 **23-1997046**

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

CARL DOMINO ASSOCIATES, L.P.  
580 VILLAGE BOULEVARD, SUITE 225  
WEST PALM BEACH FL 33409

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, 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	CD	<input type="checkbox"/> Delete
NAME	SALTZMAN, IRVIN	
STREET ADDRESS	8818 SE NORTH PASSAGE WAY	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WESLEY, BOBBIE M.	
STREET ADDRESS	356 W. GLENSIDE AVENUE	
CITY-ST-ZIP	GLENSIDE PA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEAR, ROBERT A	
STREET ADDRESS	3689 MARKHAM DRIVE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	HEERIN, JAMES E	
STREET ADDRESS	765 LULLWATER RD	
CITY-ST-ZIP	ATLANTA GA 30307	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEVY, EDWARD	
STREET ADDRESS	257 STANFORD PLACE	
CITY-ST-ZIP	NEWTOWN PA 18940	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SALTZMAN-LEVY, JAMI	
STREET ADDRESS	257 STANFORD PLACE	
CITY-ST-ZIP	NEWTOWN PA	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason M. Waksman	
STREET ADDRESS	24 W. Elizabeth Lane	
CITY-ST-ZIP	Richboro, PA 18954	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon S. Saltzman	
STREET ADDRESS	435 Dreshertown Road	
CITY-ST-ZIP	Ft Washington, PA 19034	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	E. Anthony Saltzman	
STREET ADDRESS	3 White Birch Lane	
CITY-ST-ZIP	Horsham, PA 19044	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Liane Anderson	
STREET ADDRESS	1257 Bel Aire Avenue	
CITY-ST-ZIP	Aberdeen, WA 98520	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan Carol Saltzman	
STREET ADDRESS	614 S. York Road	
CITY-ST-ZIP	Hatboro, PA 19040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jason M. Waksman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00 215 443 3605

CR2E034 (9/99)