

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90052 041 ***550.00

DOCUMENT # F93000000348

1. Entity Name
PENN INDEPENDENT CORPORATION

Principal Place of Business

420 S. YORK ROAD
HATBORO PA 19040

Mailing Address

420 S. YORK ROAD
HATBORO PA 19040

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 23-1997046

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

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

Name
Irvin Saltzman

Street Address (P.O. Box Number is Not Acceptable)
224 Bradley Place,

City
Palm Beach

FL Zip Code
33480

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Irvin Saltzman*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *8/22/02*

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☒ Delete
 NAME **SALTZMAN, IRVIN**
 STREET ADDRESS **8818 SE NORTH PASSAGE WAY**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **CD** ☒ Change ☐ Addition
 NAME **Irvin Saltzman**
 STREET ADDRESS **224 Bradley Place**
 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **VD** ☐ Delete
 NAME **SALTZMAN, JON S**
 STREET ADDRESS **435 DRESHERTOWN RD**
 CITY-ST-ZIP **FORT WASHINGTON PA 19034**

TITLE **V** ☐ Change ☒ Addition
 NAME **Jason M. Waksman**
 STREET ADDRESS **24 West Elizabeth Lane**
 CITY-ST-ZIP **Richboro, PA 18954**

TITLE **PD** ☐ Delete
 NAME **LEAR, ROBERT A**
 STREET ADDRESS **3689 MARKHAM DRIVE**
 CITY-ST-ZIP **BENSALEM PA**

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

TITLE **DVS** ☐ Delete
 NAME **HEERIN, JAMES E**
 STREET ADDRESS **765 LULLWATER RD**
 CITY-ST-ZIP **ATLANTA GA 30307**

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

TITLE **V** ☐ Delete
 NAME **LEVY, EDWARD**
 STREET ADDRESS **257 STANFORD PLACE**
 CITY-ST-ZIP **NEWTOWN PA 18940**

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

TITLE **DV** ☐ Delete
 NAME **SALTZMAN-LEVY, JAMI**
 STREET ADDRESS **257 STANFORD PLACE**
 CITY-ST-ZIP **NEWTOWN PA**

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

8/13/02 215 443 3605
 Date Daytime Phone #

CR2E034 (4/02)