

DOCUMENT # F97000005408

1. Entity Name

MAN FOUNDATION, INC.

FILED  
Aug 03, 2000 8:00 am  
Secretary of State

08-03-2000 90091 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1 FRUITLEDGE RD  
BROOKVILLE NY 11545

1 FRUITLEDGE RD  
BROOKVILLE NY 11545

2. Principal Place of Business

3. Mailing Address

1121 Oyster Bay Rd  
Suite, Apt. #, etc.

1121 Oyster Bay Rd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MUTTONTOWN NY

MUTTONTOWN NY

Zip  
11732

Country  
NASSAU

Zip  
11732

Country  
NASSAU

4. FEI Number

11-3283479

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

SCHULZ, JOANNE  
987 PARKSIDE CIRCLE N  
BOCA RATON FL 33486

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  
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D VON ZWEHL, NOREEN 1 FRUITLEDGE RD BROOKVILLE NY 11545	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'GORMAN, ANN 624 ROSEDALE RD PRINCETON NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'GORMAN, JOHN 624 ROSEDALE RD PRINCETON NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S Secretary - Joanne Dempsey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP Vice President PATRICIA SHEA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (5/00)