

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005408

1. Entity Name

MAN FOUNDATION, INC.

Principal Place of Business

1121 OYSTER BAY RD
MUTTONTOWN NY 11732

Mailing Address

1121 OYSTER BAY RD
MUTTONTOWN NY 11732

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

11-3283479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULZ, JOANNE
987 PARKSIDE CIRCLE N
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

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.

(NOT 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

TITLE D
NAME VON ZWEHL, NOREEN
STREET ADDRESS 1 FRUITLEDGE RD
CITY-ST-ZIP BROOKVILLE NY 11545 ☐ Delete

TITLE S
NAME DEMPSEY, JOANNE
STREET ADDRESS 624 ROSEDALE RD
CITY-ST-ZIP PRINCETON NJ ☐ Delete

TITLE VP
NAME SHEA, PATRICIA
STREET ADDRESS 624 ROSEDALE RD
CITY-ST-ZIP PRINCETON NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME NOREEN VON ZWEHL
STREET ADDRESS 1121 ROUTE 106 NORTH
CITY-ST-ZIP E. NORWICH, N.Y. 11732 ☒ Change ☐ Addition

TITLE S
NAME JOANNE DEMPSEY
STREET ADDRESS 65 FRUITLEDGE RD.
CITY-ST-ZIP BROOKVILLE, N.Y. 11545 ☒ Change ☐ Addition

TITLE V.P.
NAME PATRICIA SHEA
STREET ADDRESS 53 BAY DRIVE
CITY-ST-ZIP MASSAPEQUA, N.Y. 11758 ☒ Change ☐ Addition

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

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

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:

Joanne Dempsey

15-26-01 561-395-9298

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90006 017 ****61.25

661035



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)