

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90187 037 ****61.25

0089077

DOCUMENT # N29600

1. Entity Name

WYNCOTE FOUNDATION, INC.

Principal Place of Business

**300 COURTHOUSE PLAZA
 18 WEST AIRY STREET
 NORRISTOWN PA 19401
 US**

Mailing Address

**300 COURTHOUSE PLAZA
 18 WEST AIRY STREET
 NORRISTOWN PA 19401
 US**

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

65-0087209

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

**HANKINS, JAMES M.
 700 SOUTH FEDERAL HIGHWAY
 SUITE 200
 BOCA RATON FL 33432**

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 **DP** ☒ Delete
 NAME **RUSSO, CAROL**
 STREET ADDRESS **2432 NW 62ND ST**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Kofsky, Patricia**
 STREET ADDRESS **Apt. WB513, 1001 City Avenue**
 CITY-ST-ZIP **Wynwood, PA 19096**

TITLE **DS** ☐ Delete
 NAME **MILLER, MITCHELL W.**
 STREET ADDRESS **18 W AIRY ST**
 CITY-ST-ZIP **NORRISTOWN PA**

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

TITLE **DT** ☐ Delete
 NAME **KOFSKY, CHARLES**
 STREET ADDRESS **121 S BROAD ST, FOURTH FLOOR**
 CITY-ST-ZIP **PHILADELPHIA PA**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Michael W. Hallett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01
 Date

610-279-3100
 Daytime Phone #

CR2E037 (10/00)