

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

502 W. Germantown Pike

3. Mailing Address

502 West Germantown Pike

Suite, Apt. #, etc.

Suite 900

Suite, Apt. #, etc.

Suite 900

City & State

Plymouth Meeting, PA

City & State

Plymouth Meeting, PA

Zip

19462

Country

USA

Zip

19462

Country

USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-0087209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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.

(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

TITLE DP  
NAME KOFSKY, PATRICIA  
STREET ADDRESS APT. WB513, 1001 CITY AVE  
CITY-ST-ZIP WYNNWOOD PA 19096

☐ Delete

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

☐ Delete

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

☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change

☐ Addition

502 W. Germantown Pike, Suite 900  
Plymouth Meeting, PA 19462

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

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:

MITCHELL W. MILLER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 610-834-1600

FILED  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90258 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)