

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N51475**

1. Entity Name

THE STANLEY AND LOIS ELKMAN FOUNDATION, IONC.

Principal Place of Business

16562 IRONWOOD DRIVE
DELAIRE GOLF CLUB
DELRAY BEACH FL 33445

Mailing Address

C/O BENNETT L. AARON
3000 TWO LOGAN SQUARE
PHILADELPHIA PA 19103-2799
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

65-0372014

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

ELKMAN, STANLEY
16562 IRONWOOD DR.
DELAIRE GOLF CLUB
DELRAY BEACH FL 33445

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ELKMAN, STANLEY 16562 IRONWOOD DR DELRAY BCH. FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELKMAN, LOIS 16562 IRONWOOD DR. DELRAY BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZ, CAROL A. 7360 HURON LANE PHILADELPHIA PE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELKMAN, STUART BOX 408 N/A TRABUCO CANYON CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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: *Stanley Elkmann* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90001 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

January 31, 2001

THE STANLEY AND LOIS ELKMAN FOUNDATION, IONC.
C/O BENNETT L. AARON
3000 TWO LOGAN SQUARE
PHILADELPHIA, PA 19103-2799 US

#N51475
Stamp #813881

Subject: **THE STANLEY AND LOIS ELKMAN FOUNDATION, IONC.**

Reference **N51475**
Number:

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rr

ANNUAL REPORTS SECTION

Pepper Hamilton LLP
Attorneys at Law

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Fax 215.981.4750

215.981.4886
leonem@pepperlaw.com

February 9, 2001

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

1151475

Re: The Stanley and Lois Elkman Foundation, Inc.

Dear Sir or Madam:

As per your notice dated January 31, 2001, enclosed please find the organization's completed check along with a copy of their annual report.

Sincerely,



Michael C. Leone
Tax Accountant

mab

Enclosures

cc: Mr. Stanley Elkman (w/encls.)
Bennett L. Aaron, Esquire (w/o encls.)

PHLEGAL: #1033251 v1 (M59F011.WPD) 107484-3