

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002264

1. Entity Name

ZOR FOUNDATION, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90108 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

STE. 1, 679 SILVERCREEK DR.  
WINTER SPRINGS FL 32708

STE. 1, 679 SILVERCREEK DR.  
WINTER SPRINGS FL 32708-3142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3438465

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

KIEFFER, ROBERT W  
3008 E. ROBINSON ST.  
ORLANDO FL 32803

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 DPST ☐ Delete  
NAME MILLER, ROBERT S  
STREET ADDRESS STE. 1, 679 SILVERCREEK DR.  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☒ Change ☐ Addition  
NAME **NORMAN ABRAMSON**  
STREET ADDRESS 1051 MONTCAUL ST  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE ☒ Delete  
NAME **JAFF, DELKHWAZ**  
STREET ADDRESS ~~STE. 1, 679 SILVERCREEK DR.~~ 10903 AMHERST AVE  
CITY-ST-ZIP ~~WINTER SPRINGS FL 32708~~ SILVERSPRING MD 20902

TITLE ☒ Change ☐ Addition  
NAME **HARRY ALMOND**  
STREET ADDRESS 2000 S. EADS ST  
CITY-ST-ZIP ARLINGTON, VA 22202

TITLE ☒ Delete  
NAME **ELLIS, DAVID**  
STREET ADDRESS ~~STE. 1, 679 SILVERCREEK DR.~~ 4007 LONGWOOD DR  
CITY-ST-ZIP ~~WINTER SPRINGS FL 32708~~ FREDRICKSBURG VA 22408

TITLE ☒ Change ☐ Addition  
NAME **JOHN NORMAN**  
STREET ADDRESS 3521 FREDMAR LANE  
CITY-ST-ZIP PLANO, TX 75203

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **NIJYAR SHEMDIN**  
STREET ADDRESS STE 1, 679 SILVERCREEK DR  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Robert S. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2000 (407) 327-4043  
Date Daytime Phone #

CR2E037 (9/99)