

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90044 025 \*\*\*\*\*61.25

**DOCUMENT # N97000002264**

1. Entity Name

**ZOR FOUNDATION, INC.**

Principal Place of Business

Mailing Address

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

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

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

**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~~

**ROBERT MILLER**  
**679 SILVERCREEK DR**  
**WINTER SPRINGS, FL 32708**

Name **ROBERT S. MILLER**  
Street Address (P.O. Box Number is Not Acceptable)  
**679 SILVERCREEK DR**

City **WINTER SPRINGS, FL** Zip Code **32708**

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 **ROBERT S. MILLER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5 APRIL 2001**

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 **D** ☐ Delete  
NAME **ABRAMSON, NORMAN**  
STREET ADDRESS **1051 MONTCALM STREET**  
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **D** ☐ Delete  
NAME **JAFF, DELKHWAZ**  
STREET ADDRESS **10903 AMHERST AVE**  
CITY-ST-ZIP **SILVER SPRINGS, FL 32702**

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

TITLE **D** ☐ Delete  
NAME **ELLIS, DAVID**  
STREET ADDRESS **STE 1, 679 SILVERCREEK DR**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE **D** ☐ Delete  
NAME **VA 22408**  
STREET ADDRESS **4007 LONGWOOD DR**  
CITY-ST-ZIP **FREDRICKSBURG**

TITLE **O** ☐ Change ☐ Addition  
NAME **ROBERT S. MILLER**  
STREET ADDRESS **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5 APRIL 2001 (407) 327-4043**

CR2E037 (10/00)