

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002264

1. *Entity Name

ZOR FOUNDATION, INC.

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90001 042 ****61.25



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

59-3438465

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILLER, ROBERT S
679 SILVERCREEK DR
WINTER SPRINGS FL 32708

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JAFF, DELKHWAZ
CITY-ST-ZIP 10903 AMHERST AVE
SILVER SPRING MD 20902

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ELLIS, DAVID
CITY-ST-ZIP 4007 LONGWOOD DR
FREDERICKSBURG VA 22408

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ALMOND, HARRY
CITY-ST-ZIP 2000 S EADS ST
ARLINGTON VA 22202

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NORMAN, JOHN
CITY-ST-ZIP 3521 FREDMAR LN
PLANO TX 75203

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

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

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

30 January 2002 (467) *327-4043*
Date Daytime Phone #

CR2E037 (9/01)