

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90365 039 \*\*\*\*61.25

**DOCUMENT # N97000005814**

1. Entity Name

**THE MILTON AND RONNIE SHEFTEL FOUNDATION, INC.**



Principal Place of Business

**C/O WIENER AND WIENER LLP  
1655 PALM BEACH LAKES BLVD STE 900  
WEST PALM BEACH FL 33401**

Mailing Address

**C/O WIENER AND WIENER LLP  
1655 PALM BEACH LAKES BLVD STE 900  
WEST PALM BEACH FL 33401**

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 **65-0790710**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIENER, STEPHEN W  
1655 PALM BEACH LAKES BLVD STE 900  
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHEFTEL, MILTON S</b>	
STREET ADDRESS	<b>227 N MAIN ST</b>	
CITY-ST-ZIP	<b>ALLENTOWN PA 18104</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHEFTEL, RONNIE L</b>	
STREET ADDRESS	<b>227 N MAIN ST</b>	
CITY-ST-ZIP	<b>ALLENTOWN PA 18104</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCOBIONKO, MARK H</b>	
STREET ADDRESS	<b>1816 WOODS HOLLOW LANE</b>	
CITY-ST-ZIP	<b>ALLENTOWN PA 18103</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/03*

*610-797-9420*

CR2E037 (10/02)