

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90095 018 \*\*\*\*61.25

**DOCUMENT # P30891**

1. Entity Name

**PHILIP ZINMAN FOUNDATION, INCORPORATED**

Principal Place of Business

Mailing Address

21474 LINWOOD CT  
 BOCA RATON FL 33433  
 US

21474 LINWOOD CT  
 BOCA RATON FL 33433-7436  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**21-6015665**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZINMAN ELIZABETH S**  
**21474 LINWOOD CT**  
**BOCA RATON FL 33433**

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

*Elizabeth S Zinman, President*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*5/23/00*  
 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 **PTD ZINMAN, ELIZABETH S**  
 STREET ADDRESS **21474 LINWOOD CT**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME **Brian Zinman** D  
 STREET ADDRESS **314 Earles Lane**  
 CITY-ST-ZIP **Newton Square, PA 19073-**

TITLE  Delete  
 NAME **SD FREEMAN, YALE T**  
 STREET ADDRESS **153 WEST AVENUE**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE  Change  Addition  
 NAME **Joseph Zinman** D  
 STREET ADDRESS **17 Coventry Circle East**  
 CITY-ST-ZIP **Marlton, NJ 08053**

TITLE  Delete  
 NAME **D BAER, JAMES**  
 STREET ADDRESS **21186 HAMLIN DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  Change  Addition  
 NAME **Rick Silverman** D  
 STREET ADDRESS **150 S. Pine Island Road #120**  
 CITY-ST-ZIP **Plantation, FL 33324**

TITLE  Delete  
 NAME **D NALENCZ, LEONARD P.**  
 STREET ADDRESS **ONE LOGAN SQUARE**  
 CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE  Change  Addition

TITLE  Delete  
 NAME **D ALLOY, MARVIN D.**  
 STREET ADDRESS **900 KINGS HIGHWAY NORTH**  
 CITY-ST-ZIP **CHERRY HILL NJ**

TITLE  Change  Addition

TITLE  Delete  
 NAME **D SCHWEIGER, ANTHONY**  
 STREET ADDRESS **240 TRIANON LANE**  
 CITY-ST-ZIP **VILLANOVA PA 19085**

TITLE  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Elizabeth S Zinman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/23/00 (SD) 488-0575*  
 Date Daytime Phone #

CR2E037 (9/99)