

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30891

1. Entity Name

PHILIP ZINMAN FOUNDATION, INCORPORATED

Principal Place of Business

21474 LINWOOD CT  
BOCA RATON FL 33433  
US

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

21-6015665

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

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

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 PTD ☐ Delete  
NAME ZINMAN, ELIZABETH S  
STREET ADDRESS 21474 LINWOOD CT  
CITY-ST-ZIP BOCA RATON FL

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

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

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

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

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

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

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

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

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

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

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 #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)