

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90169 032 \*\*\*\*61.25

0089718

**DOCUMENT # N37564**

1. Entity Name

**DUMOND CONSERVANCY FOR PRIMATES AND TROPICAL FORESTS, INC.**



Principal Place of Business

C/O MONKEY JUNGLE  
P O BOX 246  
MIAMI FL 33170

Mailing Address

C/O MONKEY JUNGLE  
P O BOX 246  
MIAMI FL 33170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0201636**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DUMOND, FRANK V., JR.**  
**14805 SW 216 ST**  
**MIAMI FL 33170**

7. Name and Address of New Registered Agent

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>BLAIRE, BONNIE</b>	
STREET ADDRESS	<b>2801 PNCE DE LEON BV 500</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DUMOND, FRANK V., JR.</b>	
STREET ADDRESS	<b>14805 SW 216 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>DUMOND, SHARON</b>	
STREET ADDRESS	<b>9600 SW 159 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GREEN, STEVEN, M</b>	
STREET ADDRESS	<b>25920 SW 193 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOCKWOOD, FRANK</b>	
STREET ADDRESS	<b>505 EAST SIXTH AVENUE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> Delete
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 all other like empowered.

SIGNATURE: *Sharon M Dumond* **REQUIRED**

4/21/03 305 235-1611

CR2E037 (10/02)