

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90267 008 \*\*\*\*70.00

**DOCUMENT # N42977**

1. Entity Name

**ALLIANCE FOR INTERNATIONAL REFORESTATION, INC.**

Principal Place of Business

Mailing Address

C/O ANNE HALLUM  
 STETSON UNIVERSITY, 421 N. WOODLAND BLVD.  
 DELAND FL 32720

C/O ANNE HALLUM  
 STETSON UNIVERSITY, 421 N. WOODLAND BLVD.  
 DELAND FL 32720

( U S S S S )



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3062311**

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

**PALMETTO CHARTER SERVICES, INC.**  
**150 MAGNOLIA AVE.**  
**DAYTONA BEACH FL 32014**

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	D	<input type="checkbox"/> Delete
NAME	WUNDERLICH, CHRISTOPHER	
STREET ADDRESS	2DA CALLE 2-36	
CITY-ST-ZIP	CHIMALTENANGO G	
TITLE	CTS	<input type="checkbox"/> Delete
NAME	HALLUM, ANNE	
STREET ADDRESS	421 N WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYNE, JOHN	
STREET ADDRESS	1109 EXPERIMENT STREET	
CITY-ST-ZIP	GRIFFIN GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, RICHARD DR	
STREET ADDRESS	421 N WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEARDALL, MARY	
STREET ADDRESS	2516 SHREWSBERRY FR.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANKFORD, CANDACE	
STREET ADDRESS	LAKE WINNEMISSETT DR	
CITY-ST-ZIP	DELAND FL 32724	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

1/11/2000  
 DATE

904-822-7575  
 DAYTIME PHONE #

CR2E037 (9/95)