

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001486

1. Entity Name

CONSERVATION ALLIANCE OF PALM BEACH COUNTY, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90010 044 ****61.25

| | |
|---|---|
| Principal Place of Business 505 SOUTH FLAGLER DRIVE #1100 WEST PALM BEACH FL 33401-3475 | Mailing Address 505 SOUTH FLAGLER DRIVE #1100 WEST PALM BEACH FL 33401-5950 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 220 Sunrise Avenue, Suite 100 Palm Beach, FL 33480 | 3. Mailing Address 220 Sunrise Avenue, Suite 100 Palm Beach, FL 33480 |
| 4. FEI Number 65-0826570 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

MCCRACKEN, JOHN B
 505 SOUTH FLAGLER DRIVE #1100
 WEST PALM BEACH FL 33401-3475

7. Name and Address of New Registered Agent

Name: Dorothy Engels-Gulden
 Street Address (P.O. Box Number is Not Acceptable):
 220 Sunrise Avenue, Suite 100
 City: Palm Beach FL Zip Code: 33480

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: Dorothy Engels-Gulden
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
 DATE: 1/28/00

**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

| | |
|--|--|
| TITLE NAME SD MCCRACKY, JOHN B | <input type="checkbox"/> Delete |
| STREET ADDRESS 505 S FLAGLER DR 1100 | |
| CITY-ST-ZIP WEST PALM BEACH FL 33401 | |
| TITLE NAME TD ENGELS-GULDEN, DOROTHY | <input type="checkbox"/> Delete |
| STREET ADDRESS 220 SUNRISE AVENUE | |
| CITY-ST-ZIP PALM BEACH FL 33480 | |
| TITLE NAME CD ROBERTSON JR, HARRISON M | <input type="checkbox"/> Delete |
| STREET ADDRESS 134 SEAGATE RD | |
| CITY-ST-ZIP PALM BEACH FL 33480 | |
| TITLE NAME D WILSON, CAROL A | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 145 SANTA LUCIA DRIVE | |
| CITY-ST-ZIP WEST PALM BEACH FL 33405 | |
| TITLE NAME D BROOKS, VIVIAN | <input type="checkbox"/> Delete |
| STREET ADDRESS 1002 PASEO MORELLA | |
| CITY-ST-ZIP WEST PALM BEACH FL 33405 | |
| TITLE NAME PD STORY, HOWARD C JR. | <input type="checkbox"/> Delete |
| STREET ADDRESS 620 NORTH LAKE WAY | |
| CITY-ST-ZIP PALM BEACH FL 33480 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Dorothy Engels-Gulden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 1/28/00
 DAYTIME PHONE #: (561) 655-1460

CR2E037 (9/99)