## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # P33290** Aug 08, 2000 8:00 am Secretary of State 1. Entity Name ENVIRONMENTAL FEDERATION OF AMERICA, INCORPORATE 08-08-2000 90089 017 \*\*\*\*61.25 Mailing Address Principal Place of Business 3400 INTERNATIONAL DRIVE N.W. 3400 INTERNATIONAL DRIVE N.W. SUITE 2K WASHINGTON DC 20008 WASHINGTON DC 20008 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 52-1601960 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **WEISS. TOM** 1101 24TH ST. OCEAN MARATHON FL 33050 City Zip Code FL 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 Fiorida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State After September 13, 2000 min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE MADISON, LIZ NAME NAME SEE ATTACHED LIST STREET ADDRESS STREET ADDRESS 3400 INTERNATION DRIVE NW 2K CITY-ST-ZIP CITY-ST-ZIP **WASHINGTON DC 20008** ☐ Addition Change TITLE ☐ Delete MCGUIRE, TOM NAME NAME 3400 INTERNATION DRIVE NW 2K STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WASHINGTON DC 20008** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MELLOR, GEOFFREY NAME NAME STREET ADDRESS 3400 INTERNATION DRIVE NW 2K STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WASHINGTON DC 20008** ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/00

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