

Due: 5/1/01

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 823746**

1. Entity Name

**NATIONAL PARKS AND CONSERVATION ASSOCIATION**

Principal Place of Business

1300 19TH STREET, NW  
STE 300  
WASHINGTON DC 20036

Mailing Address

2200 SOUTHWEST PKWY  
STE 333  
HOUSTON TX 77098

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
8751 WEST BROWARD BLVD  
PLANTATION FL 33324

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KIERNAN, THOMAS	
STREET ADDRESS	1300 19TH STREET NW, STE 300	
CITY-ST-ZIP	WASHINGTON DC 20036	

TITLE	C	<input type="checkbox"/> Delete
NAME	WATSON, WILLIAM	
STREET ADDRESS	1300 19TH STREET, NW, STE 300	
CITY-ST-ZIP	WASHINGTON DC 20036	

TITLE	S	<input type="checkbox"/> Delete
NAME	COLE, WALLACE A	
STREET ADDRESS	1300-19TH STREET NW, STE 300	
CITY-ST-ZIP	WASHINGTON DC 20036	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, DONALD	
STREET ADDRESS	1300 19TH STREET NW, STE 300	
CITY-ST-ZIP	WASHINGTON DC 20036	

TITLE	VC	<input type="checkbox"/> Delete
NAME	GLICKMAN, GRETCHEN L	
STREET ADDRESS	1300 19TH STREET NW, STE 300	
CITY-ST-ZIP	WASHINGTON DC 20036	

TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	WINKS, ROBIN W	
STREET ADDRESS	1776 MASS AVE NW	
CITY-ST-ZIP	WASHINGTON DC 20036	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECUNDA, THOMAS	
STREET ADDRESS	1300 19TH ST NW STE 300	
CITY-ST-ZIP	WASHINGTON DC 20036	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS KELSO	
STREET ADDRESS	1300 19TH STREET STE 300	
CITY-ST-ZIP	WASHINGTON DC 20036	

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 #

2/2/01

202-454 3365

CR2E037 (10/00)