2003 FOR Non- PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted]

05-19-2003 90231 036 ****61.25
F01000006522

FILED
03 OCT 31 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00130019 MB

DOCUMENT # F01000006522

1. Entity Name
ECOVILLAGE INSTITUTE, INC. — A 501(c)(3) Non-profit corporation

Principal Place of Business	Mailing Address
12606 TRILLIUM GLEN LANE	12606 TRILLIUM GLEN LANE
LOVETTSVILLE VA 20180	LOVETTSVILLE VA 20180

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2051596 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, JEFFREY S
3909-A NEWBERRY ROAD
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

REINSTATEMENT 03 TS

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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUNDERGILL, RON 326 HART ROAD GAITHERSBURG MD 20878-5457	☐ Delete	Vice Chair Datan, Tamar 12933 Slater Road Lovettsville, VA 20180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chair BRATZEL, MAXINE 13743 LAKESIDE DRIVE CLARKSVILLE MD 21704	☐ Delete	Chair Bratzel, Wendy 13743 Lakeside Drive Clarksville, MD 21704	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'REAR, GRADY 1726 SHOOKSTOWN ROAD FREDERICK MD 21702	☐ Delete	President O'Rear, Grady 12606 Trillium Glen Lane Lovettsville, VA 20180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BUNDY, MARK M 1111 KINGS HEATHER DRIVE MITCHELLVILLE MD 20721	☐ Delete	Peabody, David ~~David Peabody~~ Box 2550 Alexandria, VA 22301	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LINDAUER, MARY 15825 BUENA VISTA DRIVE DERWOOD MD 20855	☐ Delete	Sundergill, Ron 1349 Birdie Drive Windsor, CA 95492	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM ADELSTEIN, MAXINE 4310 BUCKEYSTOWN PIKE FREDERICK MD 21704	☒ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 607, 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 REQUIRED May 15, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 540-822-9048