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

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

DOCUMENT # F01000006522

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

Principal Place of Business
12606 TRILLIUM GLEN LANE
LOVETTSVILLE VA 20180

Mailing Address
12606 TRILLIUM GLEN LANE
LOVETTSVILLE VA 20180

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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 TS FL Zip Code

REINSTATEMENT

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

CR2E034 (10/02)

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	Vice Chair	☐ Change ☒ Addition
NAME	SUNDERGILL, RON		~~Tamar Daten~~ Daten, Tamar	
STREET ADDRESS	326 HART ROAD		433 Slater Road	
CITY-ST-ZIP	GAITHERSBURG MD 20878-5457		Lovettsville, VA 20180	
TITLE	Chair	☐ Delete	Chair	☒ Change ☐ Addition
NAME	BRATZEL, MAXINE		Bratzel, Wendy	
STREET ADDRESS	13743 LAKESIDE DRIVE		13743 Lakeside Drive	
CITY-ST-ZIP	CLARKSVILLE MD 21704		Clarksville, MD 21704	
TITLE	P	☐ Delete	President	☒ Change ☐ Addition
NAME	O'REAR, GRADY		O'Rear, Grady	
STREET ADDRESS	1726 SHOOKSTOWN ROAD		12606 Trillium Glen Lane	
CITY-ST-ZIP	FREDERICK MD 21702		Lovettsville, VA 20180	
TITLE	S	☐ Delete	Treasurer	☒ Change ☒ Addition
NAME	BUNDY, MARK M		~~David Peabody~~ Peabody, David	
STREET ADDRESS	1111 KINGS HEATHER DRIVE		Box 2550	
CITY-ST-ZIP	MITCHELLVILLE MD 20721		Alexandria, VA 22301	
TITLE	T	☐ Delete		☒ Change ☐ Addition
NAME	LINDAUER, MARY		Sundergill, Ron	
STREET ADDRESS	15825 BUENA VISTA DRIVE		1349 Birdie Drive	
CITY-ST-ZIP	DERWOOD MD 20855		Windsor, CA 95492	
TITLE	BM	☒ Delete		☐ Change ☐ Addition
NAME	ADELSTEIN, MAXINE			
STREET ADDRESS	4310 BUCKEYSTOWN PIKE			
CITY-ST-ZIP	FREDERICK MD 21704			

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 #