

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002027

1. Entity Name

RAINFOREST ALLIANCE, INCORPORATED

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90016 022 ****61.25

Principal Place of Business

65 BLEECKER STREET
NEW YORK NY 10012

Mailing Address

65 BLEECKER STREET
NEW YORK NY 10012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3377893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOULDING, MICHAEL
6605 NW 57TH WAY
GAINESVILLE FL 32606

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
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME C
STREET ADDRESS ZIFF, ANN
CITY-ST-ZIP 153 EAST 53RD ST. 43RD FL
NEW YORK NY 10022

TITLE ☐ Change ☒ Addition
NAME M
STREET ADDRESS TENSIE WHELAN
CITY-ST-ZIP 65 BLEECKER STREET, 6TH FL.
NEW YORK, NY 10012

TITLE ☐ Delete
NAME PD
STREET ADDRESS KATZ, DANIEL R
CITY-ST-ZIP 262 CENTRAL PARK WEST, #11C
NEW YORK NY 10024

TITLE ☒ Change ☐ Addition
NAME P/C
STREET ADDRESS KATZ, DANIEL R.
CITY-ST-ZIP 262 CENTRAL PARK WEST, #11C
NEW YORK, NY 10024

TITLE ☐ Delete
NAME V
STREET ADDRESS KREIDER, KARIN
CITY-ST-ZIP 417 BLOOMFIELD STREET
HOBOKEN NJ 07030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME S
STREET ADDRESS AMBROSINO, MARGIE
CITY-ST-ZIP 401 76TH ST APT 4D
BROOKLYN NY 11209

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS HELENA ALBUQUERQUE
CITY-ST-ZIP 104 SULLIVAN ST., APT#18
NEW YORK, NY 10012

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHARLIN, PATRICIA J MS.
CITY-ST-ZIP 50 SUTTON PLACE SOUTH, APT 14-C
NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS SULZBERGER, JUDITH DR
CITY-ST-ZIP 146 CENTRAL PARK WEST
NEW YORK NY 10023

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED

8/9/00 212-677-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)