

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90210 036 ****61.25

DOCUMENT # F93000002453

1. Entity Name

CCHW CENTER FOR HEALTH ENVIRONMENT AND JUSTICE I

Principal Place of Business

150 S. WASHINGTON ST
 SUITE 300
 FALLS CHURCH VA 22046
 US

Mailing Address

P O BOX 6806
 FALLS CHURCH VA 22040
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1219489

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

RUHL, SUZI
1115 NORTH GADSEN
TALLAHASSEE FL 32303-6327

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☐ Delete
 NAME **LEVINE, MURRAY**
 STREET ADDRESS **74 COLONIAL CIRCLE**
 CITY-ST-ZIP **BUFFALO NY 14213**

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

TITLE **DVC** ☐ Delete
 NAME **MILLER, KENNETH**
 STREET ADDRESS **125 SUNSET DR.**
 CITY-ST-ZIP **ITHACA NY 14850**

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

TITLE **D** ☐ Delete
 NAME **RUHL, SUZI**
 STREET ADDRESS **1115 NORTH GADSEN**
 CITY-ST-ZIP **TALLAHASSEE FL 32303-6327**

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

TITLE **T** ☐ Delete
 NAME **LESTER, STEPHEN**
 STREET ADDRESS **150 S WASHINGTON ST., SUITE 300**
 CITY-ST-ZIP **FALLS CHURCH VA 22046**

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

TITLE **P** ☐ Delete
 NAME **GIBBS, LOIS MARIE**
 STREET ADDRESS **7311 HUGHES COURT**
 CITY-ST-ZIP **FALLS CHURCH VA 22046**

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

TITLE **S** ☐ Delete
 NAME **GIBSON, HOLLY**
 STREET ADDRESS **12679 MARCUM COURT**
 CITY-ST-ZIP **FAIRFAX VA 22033**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2001

Daytime Phone #

CR2E037 (10/00)