

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002832

1. Entity Name

AFRICAN WILDLIFE FOUNDATION, INC.

Principal Place of Business

1400 16TH STREET NW  
SUITE 120  
WASHINGTON DC 20036

Mailing Address

1400 16TH STREET NW  
SUITE 120  
WASHINGTON DC 20036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0781390

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INSKEEP, JENNIFER  
13610 BRYNWOOD LANE S.E.  
FORT MYERS FL 33912

Name

same as #6

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

*Jennifer Inskeep*

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	P	<input type="checkbox"/> Delete
NAME	WRIGHT, ROBERT M	
STREET ADDRESS	1400 16TH STREET N.W., STE 120	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, SIEGLINDE	
STREET ADDRESS	1400 16TH STREET, N.W., SUITE 120	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DIPIETRO, BARBARA MS.	
STREET ADDRESS	1400 16TH STREET N.W., STE 120	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNN, GEORGE R JR.	
STREET ADDRESS	126 EAST 56TH STREET, TOWER 56	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHALLINOR, DAVID DR.	
STREET ADDRESS	3117 HAWTHORNE STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20008	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORRIS, JOHN	
STREET ADDRESS	1325 BUCKINGHAM	
CITY-ST-ZIP	BIRMINGHAM MI	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, BRENDA
STREET ADDRESS	1400 16TH STREET NW, SUITE 120
CITY-ST-ZIP	WASHINGTON, DC 20036
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	<input type="checkbox"/> Change <input type="checkbox"/> 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90207 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)