## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02000005139

Entity Name: FLORIDA CONSERVATION ALLIANCE INSTITUTE, INC.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
200 SOUTH ORANGE AVENUE SUITE, 2600 ORLANDO, FL 32801				12 WEST UNIVERSITY AVENUE SUITE 203 GAINESVILLE, FL 32601			
Current Mailing Address:				New Mailing Address:			
200 SOUTH ORANGE AVENUE SUITE, 2600 ORLANDO, FL 32801			12 WEST UNIVERSITY AVENUE SUITE 203 GAINESVILLE, FL 32801				
FEI Number:	33-1024026	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HENDERSON, CLAY 200 SOUTH ORANGE AVENUE SUITE, 2600 ORLANDO, FL 32801				HANRAHAN, PEGEEN 12 WEST UNIVERSITY AVENUE SUITE 203 GAINESVILLE, FL 32601			
The above in the State		ubmits this statement for the pu	rpose o	f changing it	s registered o	ffice or registered agent, or both,	
SIGNATURE: PEGEEN HANRAHAN						05/01/2003	
	Electroni	c Signature of Registered Agen	t			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HENDERSON, C 1018 MAGNOLIA			Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	D () HANRAHAN, PEO 1938 NW 7TH LA GAINESVILLE, F	ANE		Title: Name: Address: City-St-Zip:	LINDBERG, SU	O AVENUE SUITE 201	
Title: Name: Address: City-St-Zip:	D () ALTMAN, THAD 2106 LIONEL DI MELBOURNE, F			Title: Name: Address: City-St-Zip:	( )	Change()Addition	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	D () MURPHY, JOE 3504 BARCELO TAMPA, FL 336		
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	D () SISSKIN, ENID PO BOX 732 GULF BREEZE	Change (X) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	ESTENOZ, SHA	N STREET SUITE 207	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAY HENDERSON D 05/01/2003

SUSAN GLICKMAN D P O BOX 310 INDIAN ROCKS BEACH FL 34635