

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90094 007 ****61.25

DOCUMENT # N40779

1. Entity Name

COALITION FOR WILDERNESS ISLANDS, INC.

Principal Place of Business

Mailing Address

625 WHISPERING PINES RD
 BOYNTON BEACH FL 33426
 US

4765 NW 6TH CT
 DELRAY BEACH FL 33445-2110
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

625 WHISPERING PINES RD.

3. Mailing Address

4765 N.W. 6TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BCH, FL.

City & State

DELRAY BCH, FL.

4. FEI Number

65-0230090

Applied For

Not Applicable

Zip

Country

33426

USA

Zip

Country

33445

USA

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

ALAN K. PARMALES
4765 NW 6TH CT
DELRAY BEACH FL 33445

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

Alan K. Parmales

4-18-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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	D <input type="checkbox"/> Delete
NAME	CICHOCKI, FRED
STREET ADDRESS	750 NW 6TH DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> Delete
NAME	IVERSON, GRACE
STREET ADDRESS	8818 S E SHARON ST
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	T <input type="checkbox"/> Delete
NAME	PARMALEE, ALAN
STREET ADDRESS	4765 N.W. 6TH COURT
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	CD <input type="checkbox"/> Delete
NAME	ROSSI, STELLA
STREET ADDRESS	625 WHISPERING PINES RD.
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD <input type="checkbox"/> Delete
NAME	BLACK, CINDY
STREET ADDRESS	13896 COCONUT AVE.
CITY-ST-ZIP	JUNO BCH FL 33408
TITLE	D <input type="checkbox"/> Delete
NAME	BEHAR, MARK
STREET ADDRESS	298 NW 11TH ST.
CITY-ST-ZIP	BOCA RATON FL 33432

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	
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:

Alan K. Parmales
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

(561) 498-0996

Daytime Phone #

CR2E037 (9/99)