

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

0053518

DOCUMENT # N40779

1. Entity Name

COALITION FOR WILDERNESS ISLANDS, INC.

03-06-2001 90353 013 ****61.25

Principal Place of Business

Mailing Address

625 WHISPERING PINES RD
 BOYNTON BEACH FL 33426
 US

4765 NW 6TH CT
 DELRAY BEACH FL 33445
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0230090

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

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. Parmalee

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

(NOTE: Registered Agent signature required when reinstating)

3/2/01

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: D Delete
 NAME: CICHOCKI, FRED
 STREET ADDRESS: 750 NW 6TH DR
 CITY-ST-ZIP: BOCA RATON FL

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

TITLE: D Delete
 NAME: IVERSON, GRACE
 STREET ADDRESS: 8818 S E SHARON ST
 CITY-ST-ZIP: HOBE SOUND FL 33455

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

TITLE: T Delete
 NAME: PARMALEE, ALAN
 STREET ADDRESS: 4765 N.W. 6TH COURT
 CITY-ST-ZIP: DELRAY BEACH FL

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

TITLE: CD Delete
 NAME: ROSSI, STELLA
 STREET ADDRESS: 625 WHISPERING PINES RD.
 CITY-ST-ZIP: BOYNTON BEACH FL

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

TITLE: SD Delete
 NAME: BLACK, CINDY
 STREET ADDRESS: 13896 COCONUT AVE.
 CITY-ST-ZIP: JUNO BCH FL 33408

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

TITLE: D Delete
 NAME: BEHAR, MARK
 STREET ADDRESS: 298 NW 11TH ST.
 CITY-ST-ZIP: BOCA RATON FL 33432

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:

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

3/2/01

Date

561/498-0996

Daytime Phone #

CR2E037 (10/00)