

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90029 027 ****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
 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

65-0230090

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

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)

4/17/2002

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	<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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2002

DATE

561/498-0996

DAYTIME PHONE #

CRE037 (9/01)