2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NYUS 1. Entity Name AUDUBON FOUNDATE ENVIRONMENT	ION FOR TI	- /6		, N	F] Aay 04, Secreta	ry o	0 8:0 f St	ate
Principal Place of Business Mailing Address					03-04-2000	30113 00	74 0.	1.23
317 NE THIRD STREET BOCA RATON, FL 33432 US	317 NE TI BOCA RATE US							
2. Principal Place of Business . 3. Mailing Address			,	•				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	City & State			4. FEI Number	-0311971			pplied For ot Applicable
Zip Country	Zip	Country		5. Certificate	of Status Desired	1 1 7	8.75 Ad	
6. Name and Address of Current R	egistered Agent			7. Name and	Address of New Re			
SUITE 440			ddress (P	O. Box Numbe	r is Not Acceptable)		Zip Coo	de
BOCA RATON, FL 35 8. The above named entity submits this statement for		L				FL		
SIGNATURE Signature, typed or printed time of registered agent and FILE NOW: FEE IS \$61.25 10. OFFICERS AND DIRE	9. Election Campaign Trust Fund Contribu		\$5.00 Added	May Be to Fees		Check Poartment	of State	
THILE MAME O'ROURKE, GEORGE STREET ADDRESS 317 NE THIRD ST CITY-ST-ZIP BOCA RATON, FL	□ Delete 77.000 □ Delete 73.443.2.	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE PD NAME KAMEN, ADELINE STREET ADDRESS 1.4721 BONAIRE B CITY-ST-ZIP DELRAY BEACH	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	☐ Change	☐ Addition
TITLE DV - NAME PEYTON, ANN STREET ADDRESS 446 NW STHAVE CITY-ST-ZIP BOCA RATON, FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- no	-	☐ Change	☐ Addition
TITLE S'D NAME PARMALEE ALAN STREET ADDRESS 4765 NW 6TH C CITY-ST-ZIP DELRAY BEACH, FO	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH,	DRE LANE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOVE 300	ZN, AN GY'CAR KAI RAT	IN DIZ ROAD DN, FL:		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
12. I hereby certify that the information supplied with a indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an address, w	true and accurate and that m vered to execute this report :	ny signature shall h as required by Cha	iave the s	ame legal effec	it as it made under o	atn; that i are appears in	Block 10 c	or Block 11 if