

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001723

1. Entity Name

INSTITUTE FOR SUSTAINABLE CITIES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90001 045 ****61.25

Principal Place of Business

Mailing Address

485 LEATHERFERN PL.
SANIBEL FL 33957

~~402 OAK AVE~~
CARRBORO NC 27510-1700
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

65-0432916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN PRICE BUILDER, INC
485 LEATHERFERN PLACE
SANIBEL FL 33957

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD ☐ Delete
NAME PRICE, KRISTINE
STREET ADDRESS 402 OAK AVE
CITY-ST-ZIP CARRBORO NC 27510

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 104 Cathy Rd.
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ORR, BETTY
STREET ADDRESS 36 AUTUMN WOODS DR
CITY-ST-ZIP DURHAM NC 27713

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

TITLE TD ☐ Delete
NAME PRICE, JOHN
STREET ADDRESS 485 LEATHERFERN
CITY-ST-ZIP SANIBEL FL

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

TITLE SD ☒ Delete
NAME MCGINNIS, KIT
STREET ADDRESS 507 EDWARDS DR
CITY-ST-ZIP CHAPEL HILL NC 27576

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

TITLE D ☐ Delete
NAME MANNING, KRISTY
STREET ADDRESS 404 ROCK REST RD
CITY-ST-ZIP PITTSBORO NC 27312

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

TITLE D ☐ Delete
NAME TALLMADGE, JOHN
STREET ADDRESS 408 PRITCHARD AVE
CITY-ST-ZIP CHAPEL HILL NC 27517

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 908 Virgie St.
CITY-ST-ZIP Durham, NC 27709

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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4/4/00 (919) 684-2948

CR2E037 (9/99)