

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001723

1. Entity Name

INSTITUTE FOR SUSTAINABLE CITIES, INC.

Principal Place of Business

485 LEATHERFERN PL.
SANIBEL FL 33957

Mailing Address

104 CATHY ROAD
CARRBORO NC 27510
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

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
NAME PRICE, KRISTINE
STREET ADDRESS 104 CATHY ROAD
CITY-ST-ZIP CARRBORO NC 27510 ☐ Delete

TITLE PD
NAME Kristine Prendergast
STREET ADDRESS 5530 A Ascot Ct.
CITY-ST-ZIP Alexandria, VA 22311 ☒ Change ☐ Addition

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

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

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

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

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

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

TITLE D
NAME TALLMADGE, JOHN
STREET ADDRESS 908 VIRGIE STREET
CITY-ST-ZIP DURHAM NC 27709 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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:

Kristine Prendergast
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02

Date

202 828-7422

Daytime Phone #

CR2E037 (9/01)

009140

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90027 002 ****61.25



DO NOT WRITE IN THIS SPACE