

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001984

1. Entity Name

CONGRESS FOR THE NEW URBANISM, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90027 010 ****61.25

Principal Place of Business

Mailing Address

THE HEARST BLDG
5 THIRD ST., STE. 500A
SAN FRANCISCO CA 94103

THE HEARST BLDG
5 THIRD ST., STE. 500A
SAN FRANCISCO CA 94103-3218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0483737

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

POTICHA, SHELLEY
C/O DUANCY-PLATER-ZYBARK
1023 SW 25TH AVE
MIAMI FL 33135

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	D	<input type="checkbox"/> Delete
NAME	CALTHORPE, PETER	
STREET ADDRESS	739 ALLSOTN WAY	
CITY-ST-ZIP	BERKELEY CA 94710	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUANY, ANDRES	
STREET ADDRESS	1023 S.W. 25TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOULE, ELIZABETH	
STREET ADDRESS	180 E. CALIFORNIA BLVD	
CITY-ST-ZIP	PASADENA CA 91106	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRISCOLL, JEAN	
STREET ADDRESS	1407 EUCLID AVE	
CITY-ST-ZIP	BERKELEY CA 94708	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLYZOIDES, STEFANOS	
STREET ADDRESS	180 E CALIFORNIA BLVD	
CITY-ST-ZIP	PASADENA CA 91106	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLOMON, DANIEL	
STREET ADDRESS	246 FIRST STREET #400	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-0 415.495.2255

CR2E037 (9/99)