

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90089 050 \*\*\*\*61.25

DOCUMENT # *N9700000 2695*

1. Entity Name

*Coalition of Environmental Federations, Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*535 Central Avenue*

3. Mailing Address

*same*

Suite, Apt. #, etc.

*410*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Saint Petersburg, Florida*

City & State

4. FEI Number

*59-3460958*

Applied For

Not Applicable

Zip

*33701-5703*

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*John La Bounty*

Street Address (P.O. Box Number is Not Acceptable)

*535 Central Avenue # 410*

City *Saint Petersburg*

FL

Zip Code  
*33701*

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

*John La Bounty, Board Member*

FEES \$61.25

Initial or Amended UBR

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

|                                                    |                                                                                         |
|----------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>P<br/>Jill Lewis<br/>331 West Main<br/>Durham, North Carolina 27702</i>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>V<br/>Paul Bingle<br/>4601 North High Street<br/>Columbus, Ohio 43214-2043</i>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>T<br/>Rocelia Hill<br/>49 Powell Street #510<br/>San Francisco, California 94102</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>S<br/>Max Woodfin<br/>814 West 23rd Street<br/>Austin, Texas 78705</i>               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>P<br/>John La Bounty<br/>535 Central Avenue<br/>Saint Petersburg, Florida 33701</i>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>D<br/>Alice Rolls<br/>1447 Peachtree Street #502<br/>Atlanta, Georgia 30309</i>      |

|                                                    |  |
|----------------------------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John La Bounty, Board Member*

Date

Daytime Phone #

CR2E037B (12/01)