

2000 UNIFORM BUSINESS REPORT (UBR)

11-11-00

DOCUMENT # N97000003240

1. Entity Name

CEIBA FOUNDATION FOR TROPICAL CONSERVATION, INC.

FILED

00 SEP 13 AM 11:05
091200
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2319 N. CLEVELAND
CHICAGO IL 60614

Mailing Address

2319 N. CLEVELAND
CHICAGO IL 60614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1565636

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **2**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENDZIMIR, JAN
562 NE 2ND AVENUE
GAINESVILLE FL 32601

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
After September 13, 2000 min. will be \$236.25

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 Delete
 NAME **PDT MEISEL, JOE E**
 STREET ADDRESS **2319 N. CLEVELAND AVENUE**
 CITY-ST-ZIP **CHICAGO IL 60614**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VDS WOODWARD, CATHERINE L**
 STREET ADDRESS **5612 LAKE MENDOTA DRIVE**
 CITY-ST-ZIP **MADISON WI 53705**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

300003397743--7
-09/19/00--01030--022
*******78.75 *****78.75**

TITLE Delete
 NAME **D SENDZIMIR, JAN**
 STREET ADDRESS **562 NE 2ND AVENUE**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 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: **JOE E MEISEL, PRESIDENT** 9/4/00 (608) 213-9519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

SP