

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90128 008 ****70.00

DOCUMENT # N97000003240



1. Entity Name
CEIBA FOUNDATION FOR TROPICAL CONSERVATION, INC.

Principal Place of Business
**2319 N. CLEVELAND
CHICAGO IL 60614**

Mailing Address
**2319 N. CLEVELAND
CHICAGO IL 60614**

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 **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODWARD, MARILYN
431 SE 3RD STREET
BLDG 304
DANIA BEACH FL 33004**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDT	<input type="checkbox"/> Delete
NAME	MEISEL, JOE E	
STREET ADDRESS	2319 N. CLEVELAND AVENUE	
CITY-ST-ZIP	CHICAGO IL 60614	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	WOODWARD, CATHERINE L	
STREET ADDRESS	5612 LAKE MENDOTA DRIVE	
CITY-ST-ZIP	MADISON WI 53705	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENDZIMIR, JAN	
STREET ADDRESS	562 NE 2ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISEL, JOE E	
STREET ADDRESS	513 BOWMAN AV.	
CITY-ST-ZIP	MADISON, WI 53716	
TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE WOODWARD	
STREET ADDRESS	513 BOWMAN AV.	
CITY-ST-ZIP	MADISON, WI 53716	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAN SENDZIMIR	
STREET ADDRESS	ROSSAUER LENDE 25/4	
CITY-ST-ZIP	VIENNA, AUSTRIA A1090	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONICA DE NAVARRO	
STREET ADDRESS	ANTONIO GRANCA CENTEND #1306 Y V. DE CONTRERAS	
CITY-ST-ZIP	QUITO, ECUADOR	
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: **STUBBINS REQUIRED**

23 JAN 2003 773-871-3798

CR2E037 (10/02)