

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001486

1. Entity Name

CONSERVATION ALLIANCE OF PALM BEACH COUNTY, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90010 044 ****61.25

Principal Place of Business 505 SOUTH FLAGLER DRIVE #1100 WEST PALM BEACH FL 33401-3475	Mailing Address 505 SOUTH FLAGLER DRIVE #1100 WEST PALM BEACH FL 33401-5950
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 220 Sunrise Avenue Suite 100 Palm Beach, FL 33480	3. Mailing Address 220 Sunrise Avenue Suite 100 Palm Beach, FL 33480
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City & State Palm Beach, FL	City & State Palm Beach, FL	4. FEI Number 65-0826570	Applied For <input type="checkbox"/> Not Applicable
Zip 33480	Country USA	Zip 33480	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCRACKEN, JOHN B 505 SOUTH FLAGLER DRIVE #1100 WEST PALM BEACH FL 33401-3475
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7. Name and Address of New Registered Agent Name Dorothy Engels-Gulden Street Address (P.O. Box Number is Not Acceptable) 220 Sunrise Avenue, Suite 100 City Palm Beach FL Zip Code 33480
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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 Dorothy Engels-Gulden Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	1/28/00 DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCRACKY, JOHN B 505 S FLAGLER DR 1100 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENGELS-GULDEN, DOROTHY 220 SUNRISE AVENUE PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBERTSON JR, HARRISON M 134 SEAGATE RD PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, CAROL A 145 SANTA LUCIA DRIVE WEST PALM BEACH FL 33405 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, VIVIAN 1002 PASEO MORELLA WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORY, HOWARD C JR. 620 NORTH LAKE WAY PALM BEACH FL 33480 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Dorothy Engels-Gulden	1/28/00 (J61) 651460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

CR2E037 (9/99)