

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90017 040 ****61.25

80001661



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---|--|
| DOCUMENT # N98000001486 | | | |
| 1. Entity Name CONSERVATION ALLIANCE OF PALM BEACH COUNTY, INC. | | | |
| Principal Place of Business 220 SUNRISE AVE SUITE 100 PALM BEACH FL 33480 | | Mailing Address 220 SUNRISE AVE SUITE 100 PALM BEACH FL 33480 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0826570 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCCRACKEN, JOHN B 220 SUNRISE AVE PALM BEACH FL 33480 | | 7. Name and Address of New Registered Agent Name Dorothy Engels-Gulden Street Address (P.O. Box Number is Not Acceptable) 220 Sunrise Avenue, Ste. 100 City Palm Beach FL Zip Code 33480 | |
| 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 1/5/2001 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MCCRACKY, JOHN B 505 S FLAGLER DR 1100 WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Krock 130 Clarendon Avenue Palm Beach, FL 33480 |
| 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 | Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Harrington 677 Island Drive Palm Beach, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD ROBERTSON JR, HARRISON M. 134 SEAGATE RD PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROOKS, VIVIAN 1002 PASEO MORELLA WEST PALM BEACH FL 33405 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STORY, HOWARD C JR. 620 NORTH LAKE WAY PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete | 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"/> Delete | 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 1/5/2001 (561) 655-1460 | |

CR2E037 (10/00)