

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90010 049 ****61.25

DOCUMENT # P24362

1. Entity Name

FRIENDS OF CONSERVATION - FRIENDS OF THE MASAI M

Principal Place of Business

Mailing Address

1520 KENSINGTON, STE 201
 OAK BROOK IL 60521

1520 KENSINGTON, STE 201
 OAK BROOK IL 60523-2141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3561971

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00013052



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOKE, NORMA L.
9301 NORTH AIA SUITE 1
VERO BEACH FL 32963

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**

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	PD	<input type="checkbox"/> Delete
NAME	KENT, JORIE BUTLER	
STREET ADDRESS	1520 KENSINGTON, #201	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	TVD	<input type="checkbox"/> Delete
NAME	KENT, GEOFFREY J.W.	
STREET ADDRESS	1520 KENSINGTON, #201	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	BUTLER, REUTE	
STREET ADDRESS	1520 KENSINGTON, #201	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COOKE, NORMA L.	
STREET ADDRESS	1520 KENSINGTON, #201	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEBLEY, JOHN	
STREET ADDRESS	1520 KENSINGTON, #201	
CITY-ST-ZIP	OAK BROOK IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norma L. Cooke* **REQUIREMENT L. COOKE**

JAN 25 2000 630 9543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

735