

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90104 047 \*\*\*\*61.25

0087856

**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 60521

**605854**



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

**36-3561971**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

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

*Norma L. Cooke* **NORMA L. COOKE, ASSISTANT SECRETARY** *Jan 10, 2001*

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	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
PD	KENT, JORIE BUTLER	1520 KENSINGTON, #201	OAK BROOK IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TVD	KENT, GEOFFREY J.W.	1520 KENSINGTON, #201	OAK BROOK IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PSD	BUTLER, REUTE	1520 KENSINGTON, #201	OAK BROOK IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	COOKE, NORMA L.	1520 KENSINGTON, #201	OAK BROOK IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	WEBLEY, JOHN	1520 KENSINGTON, #201	OAK BROOK IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Norma L. Cooke* **NORMA L. COOKE, ASST. SECRETARY** *1/10/01* *630 954-3388*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)