


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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-17-2003 90205 043 ****61.25

DOCUMENT # N02000009224
1. Entity Name
FLORIDA JUSTICE COALITION, INC.



Principal Place of Business
**4830 W. KENNEDY BLVD.
SUITE 550
TAMPA FL 33609**

Mailing Address
**4830 W. KENNEDY BLVD.
SUITE 550
TAMPA FL 33609**



CHECK HERE IF MAKING CHANGES

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
03-0496619

Applied For
Not Applicable

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

**HOYER, JUDY S
4830 W. KENNEDY BLVD.
SUITE 550
TAMPA FL 33609**

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 _____ (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 **D** Delete
NAME **William Christian Hoyer**
STREET ADDRESS **4830 W. Kennedy Blvd., #550**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE **Pres., Secty., Treasurer** Change Addition
NAME **Judy S. Hoyer**
STREET ADDRESS **4830 W. Kennedy Blvd., Suite 550**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE **D** Delete
NAME **Judy S. Hoyer**
STREET ADDRESS **4830 W. Kennedy Blvd., #550**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **John R. Newcomer, Jr.**
STREET ADDRESS **4830 W. Kennedy Blvd., #550**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change 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: *Judy S. Hoyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03 **(813) 286-4100**
Date Daytime Phone #

CR2E037 (10/02)