2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-03-2001 90106 042 ****61.25

DOCUMENT # N93000005327

1. Entity Name

FLORIDA JUVENILE JUSTICE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
411 OFFICE PLAZA DRIVE TALLAHASSEE FL 32301 US	411 OFFICE PLAZA DRIVE TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

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 59-3248498 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FONTAINE, MARK P
411 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPP CANTLEY, EARNEST D 3875 TIGER BAY RD. DAYTONA BEACH FL 32124	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE Tom Jarlock 1400 30th Street, Suite B Niceville, FL 32578	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM OIK, THOMAS K 3333 W. PENSACOLA STREET, STE. 300 TALLAHASSEE FL 32304	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE FEULNER, JERRY DR 205 SOUTH EOLA DRIVE ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MORROCCO, JOHN 4612 N 56TH ST TAMPA FL 33610	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Patsy Holmes 2629 Mitcham Drive Tallahassee, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS HAMILTON, NANCY 6655 66TH STREET NORTH PINELLAS PARK FL 33781	☐ Delete OK as is	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPE MULEY, MIKE 177 SALEM COURT TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD	☑ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 3/28/01 (850) 671-3442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #