

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002703

1. Entity Name

THE FLORIDA CRIMINAL JUSTICE EXECUTIVE INSTITUTE

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90018 047 ****61.25

Principal Place of Business

140 ARICA LANE
CUDJO KEY FL 33042-4235

Mailing Address

140 ARICA LANE
CUDJO KEY FL 33042-4235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0593595

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

WINEGARDEN, BRUCE
140 ARICA LANE
CUDJO KEY FL 33042-4235

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

After September 13, 2000 min. will be \$236.25

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 ☒ Delete
NAME MERCHANT, ROBERT C JR
STREET ADDRESS 225 NEWNURYPORT AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE P/D ☒ Change ☐ Addition
NAME SCHREIBER, REBECCA K
STREET ADDRESS 1665 BOSARGE DR.
CITY-ST-ZIP BARTOW, FL 33830

TITLE VP ☒ Delete
NAME MERCHANT, ROBERT C J
STREET ADDRESS 225 NEWBURYPORT AVE
CITY-ST-ZIP ALTAMONT SPRINGS FL 32701

TITLE V/D ☐ Change ☒ Addition
NAME LENEMIER, RICHARD
STREET ADDRESS 402 South Pine Ave
CITY-ST-ZIP Ocala, FL 34474

TITLE VD ☐ Delete
NAME SCHREIBER, REBECCA K
STREET ADDRESS 1665 BOSARGE DR.
CITY-ST-ZIP BARTOW FL 33830

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

TITLE VD ☐ Delete
NAME FELDMAN, GREG
STREET ADDRESS 10355 SW 135 ST.
CITY-ST-ZIP MIAMI FL 33176

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

TITLE ST ☐ Delete
NAME WINEGARDEN, BRUCE
STREET ADDRESS 140 ARICA LANE
CITY-ST-ZIP CUDJO KEY FL 33042-4235

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

TITLE VD ☐ Delete
NAME DRAYTON, CAREY M
STREET ADDRESS 2280 INDIAN SPRINGS CT.
CITY-ST-ZIP TALLAHASSEE FL 32303

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)