2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90090 002 ****61.25

DOCUMENT # N95000002703

1. Entity Name

THE FLORIDA CRIMINAL JUSTICE EXECUTIVE INSTITUTE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
140 ARICA LANE CUDJO KEY FL 33042-4235	140 ARICA LANE CUDJO KEY FL 33042-4235

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3548 TRILLIUM CT.	3548 TRILLIUM CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32312 Country: US	Zip: 32312 Country: US

4. FEI Number: 65-0593595 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: RICHARD L. STEPHENS
Street Address (P.O. Box Number is Not Acceptable): 3548 TRILLIUM CT.
City: TALLAHASSEE **FL** Zip Code: 32312

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: _____ RICHARD L. STEPHENS
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	PD SCHEIBER, REBECCA K 1665 BOSARGE DR BARTOW FL 33830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WIRTHMAN, JOSEPH 920 S. US1 FT PIERCE, FL 34954	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LENEMIER, RICHARD 402 SOUTH PINE AVE OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHREIBER, REBECCA K 1665 BOSARGE DR. BARTOW FL 33830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FELDMAN, GREG 10355 SW 135 ST. MIAMI FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FELDMAN, GREG 10355 SW 135th ST MIAMI, FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MERCHANT, ROBERT C JR P O BOX 620862 OVIEDO FL 32762-0862	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DRAYTON, CAREY M 2280 INDIAN SPRINGS CT. TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RICHARD L. STEPHENS 3548 TRILLIUM CT TALLAHASSEE, FL 32312	☐ Change ☒ Addition

CR2E037 (9/01)

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: _____ RICHARD L. STEPHENS REGISTERED AGENT 4/15/02 850-894-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #