

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90006 030 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000003671
 1. Entity Name
THE JUSTICE COALITION, INC.

Principal Place of Business 1935-2 SOUTH LANE AVENUE JACKSONVILLE FL 32210	Mailing Address 1935-2 SOUTH LANE AVENUE JACKSONVILLE FL 32210
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3329348	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HOLBROOK, H L
1 INDEPENDENT DRIVE SUITE 2301
JACKSONVILLE FL 32202

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		<input type="checkbox"/> Delete
TITLE NAME PC HIRES, TED M	STREET ADDRESS 7037 SENECA AVENUE CITY-ST-ZIP JACKSONVILLE FL 32210	<input type="checkbox"/>
TITLE NAME DVC LUTHER, BAXTER	STREET ADDRESS 8209 FT CAROLINE RD CITY-ST-ZIP JACKSONVILLE FL 32277	<input type="checkbox"/>
TITLE NAME ST WILSON, C	STREET ADDRESS 3030 HARTLEY RD STE 120 CITY-ST-ZIP JACKSONVILLE FL 32257	<input type="checkbox"/>
TITLE NAME D BAILEY, J	STREET ADDRESS 10 N NEWMAN ST CITY-ST-ZIP JACKSONVILLE FL 32202	<input type="checkbox"/>
TITLE NAME D KEMP, CHARLES	STREET ADDRESS 2240 DENNIS ST CITY-ST-ZIP JACKSONVILLE FL 32204	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<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: LOUISIANA RETIRED HIRES SR President 1-5-2001 904-781-1067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)