2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an atta

SIGNATURE

FILED Jan 21, 2000 8:00 am Secretary of State **DOCUMENT # 743258** 1. Entity Name 01-21-2000 90051 047 ****61 25 FLORIDA JUSTICE INSTITUTE, INC. Principal Place of Business Mailing Address 200 S BISCAYNE BLVD 200 S BISCAYNE BLVD STE 2070 STE 2870 MIAMI FL 33131-2310 MIAMI FL 33131-2305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1878598 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired - 🗌 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BERG, RANDALL C JR. 2870 FIRST UNION FINANCIAL CENTER 200 S BISCAYNE BLVD STE 2870 Zip Code FL MIAMI FL 33131 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Change ☐ Addition ☐ Delete NAME PETREY, RODERICK N. STREET ADDRESS STREET ADDRESS 701 BRICKELL AVE, SUITE 3000 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PITTS, OTIS STREET ADDRESS STREET ADDRESS 1717 NORTH BAYSHORE DRIVE, SUITE 2700 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 ☐ Delete Change Addition TITLE TITLE NAME NAME SMITH, CHESTERFIELD STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3000 CITY-ST-ZIP CITY-ST-7IP MIAMI FL Change ☐ Addition TITLE ☐ Delete TITLE NAME BERG, RANDALL C. JR. NAME STREET ADDRESS 200 S BISCAYNE BLVD STE 2870 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 accorde 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 eceiver of trustee empowered to execute this report as equired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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