

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90098 009 \*\*\*\*61.25

**DOCUMENT # 734061**

1. Entity Name

**CRIMINAL AND JUVENILE JUSTICE INTERNATIONAL, INC**

Principal Place of Business

Mailing Address

**381 SOUTH OWASSO BLVD.  
 ROSEVILLE MN 55113**

**381 SOUTH OWASSO BLVD  
 ROSEVILLE MN 55113-2119  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**51-0187430**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHEMBERA, JEFF  
 1728 BOLTON VILLAGE LANE  
 NICEVILLE FL 32578**

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**

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	P	<input type="checkbox"/> Delete
NAME	ROWAN, JOSEPH R.	
STREET ADDRESS	381 SOUTH OWASSO BLVD.	
CITY-ST-ZIP	ROSEVILLE MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHONEY, MICHAEL J.	
STREET ADDRESS	59 E VAN BUREN SUITE 1600	
CITY-ST-ZIP	CHICAGO IL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	COSTELLO, HOWARD J	
STREET ADDRESS	1324 B CARRIAGE DRIVE	
CITY-ST-ZIP	HUDSON WI 54016	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, SANGER B.	
STREET ADDRESS	3300 VISTA ROAD	
CITY-ST-ZIP	GREEN BAY WI	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	KEHOE, CHARLES J.	
STREET ADDRESS	11805 HEATHMERE CRESCENT	
CITY-ST-ZIP	MIDLOTHIAN VA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHEMBERA, JEFF	
STREET ADDRESS	1728 BOLTON VILLAGE LANE	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph Rowan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 651-481-9644  
 Date Daytime Phone #

CR2E037 (9/99)