

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761105

1. Entity Name

PRISON REHABILITATIVE INDUSTRIES AND DIVERSIFIED

Principal Place of Business

12425 28TH ST N  
ST PETERSBURG FL 33716  
US

Mailing Address

12425 - 28TH ST N  
ST PETERSBURG FL 33716-1826  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2167018

Applied For

Not Applicable

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

BREWTON, WILBUR E.  
225 SOUTH ADAMS STREET  
SUITE 250  
TALLAHASSEE FL 32301

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 ☒ Delete  
NAME HUMPHRIES, FREDERICK S  
STREET ADDRESS 400 LEE HALL  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☒ Addition  
NAME VCD  
STREET ADDRESS Maria Camila Leiva  
CITY-ST-ZIP 2305 NW 107th Ave. Suite 107  
Miami, FL 33172

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS DAVIS, PAMELA J  
CITY-ST-ZIP 12425 - 28TH ST N  
ST PETERSBURG FL

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BRYANT, CECILIA  
CITY-ST-ZIP 1400 PRUDENTIAL DRIVE #7  
JACKSONVILLE FL

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS James E. Huff  
CITY-ST-ZIP 8465 Old Dixie Highway  
Wabasso, FL 32970

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS GOODE, R. RAY  
CITY-ST-ZIP 3600 NW 82ND AVENUE  
MIAMI FL

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS MAY, RANDALL L.  
CITY-ST-ZIP 245 CHALLENGER RD  
CAPE CANAVERAL FL

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MOORE, MICHAEL W  
CITY-ST-ZIP 2601 BLAIR STONE ROAD  
TALLAHASSEE FL

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Marcelo A. Alvarez  
CITY-ST-ZIP 777 Brickell Avenue, Suite 1150  
Miami, FL 33131

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.

Robert M. Smith

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)