

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 770588**

1. Entity Name

JUSTICE FOR CHILDREN, INC.**FILED**
Jun 16, 2002 8:00 am
Secretary of State

05-23-2002 90007 020 ****61.25

Principal Place of Business

**101 E STUART AVENUE
LAKE WALES FL 33853**

Mailing Address

**101 E STUART AVENUE
LAKE WALES FL 33853**

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

59-2466075

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

**FAZZINI, JOHN P.
245 CATHERINE AVE
BABSON PARK FL**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FAZZINI, JOHN 245 CATHERINE AVE BABSON PARK FL 33827	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LEWIS, GARY B 84 LINDEN ST FROSTPROOF FL 33843	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTIN, CHERYL M 1104 S HIGHLAND PARK DRIVE LAKE WALES FL 33853	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALUD, VIOLETTA 1246 S HIGHLAND PARK DRIVE LAKE WALES FL 33853	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02

CR2E037 (9/01)