

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91428 032 \*\*\*\*61.25

0001512

**DOCUMENT # F02000006106**

1. Entity Name

**THE AMERICAN CENTER FOR LAW AND JUSTICE, INC.**



Principal Place of Business

**1000 REGENT UNIVERSITY DRIVE  
VIRGINIA BEACH VA 23467**

Mailing Address

**PO BOX 64429  
VIRGINIA BEACH VA 23467**

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 **54-1586817**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTSON, M.G.	
STREET ADDRESS	PO BOX 64303	
CITY-ST-ZIP	VIRGINIA BEACH VA 23467	
TITLE	S	<input type="checkbox"/> Delete
NAME	THORTON, JOEL	
STREET ADDRESS	PO BOX 64303	
CITY-ST-ZIP	VIRGINIA BEACH VA 23467	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEKULOW, JAY A	
STREET ADDRESS	PO BOX 450349	
CITY-ST-ZIP	ATLANTA GA 31145-0349	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURPHY, JAMES E	
STREET ADDRESS	PO BOX 64429	
CITY-ST-ZIP	VIRGINIA BEACH VA 23467	
TITLE	CFOT	<input type="checkbox"/> Delete
NAME	SEKULOW, GARY	
STREET ADDRESS	4500 HUGH HOWELL ROAD, STE 410	
CITY-ST-ZIP	TUCKER GA 30084	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONAGHAN, THOMAS P	
STREET ADDRESS	PO BOX 64429	
CITY-ST-ZIP	VIRGINIA BEACH VA 23467	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEO Director	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: \_\_\_\_\_**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)