

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005444

1. Entity Name

JUSTICE FELLOWSHIP, INC.

Principal Place of Business

1856 OLD RESTON AVE.
RESTON VA 22090
US

Mailing Address

P.O. BOX 16069
WASHINGTON DC 20041-6069
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

54-1683970

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
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 CTD ☐ Delete
NAME SIMCOX, EDWIN J
STREET ADDRESS 1375 ONE AMERICAN SQUARE
CITY-ST-ZIP INDIANAPOLIS IN

TITLE CFO ☐ Change ☒ Addition
NAME Robert D. Anderson
STREET ADDRESS 1856 Old Reston Ave.
CITY-ST-ZIP Reston, VA 22090

TITLE C ☒ Delete
NAME ~~QUIE, ALBERT H.~~
STREET ADDRESS ~~4209 CHRISTY LANE~~
CITY-ST-ZIP ~~MINNETONKA MN~~

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

TITLE D ☐ Delete
NAME LARSON, WALLACE ESQ
STREET ADDRESS 1900 CITIBANK TOWER, 3300 N. CENTRAL AVE.
CITY-ST-ZIP PHOENIX AZ 85012

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

TITLE D ☐ Delete
NAME BELL, KEN
STREET ADDRESS 6865 CAROLINE ST BOX K
CITY-ST-ZIP MILTON FL 32570

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

TITLE D ☐ Delete
NAME MADER, KELLY
STREET ADDRESS 7733 S. NIAGARA WAY
CITY-ST-ZIP ENGLEWOOD CO 80112

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

TITLE P ☐ Delete
NAME NOLAN, PATRICK J
STREET ADDRESS 1856 OLD RESTON AVE
CITY-ST-ZIP RESTON VA 22090

TITLE ☐ Change ☐ 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: Robert D. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-00

Date

703-478-0100

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE