

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90353 001 ***150.00

DOCUMENT # F94000005740

1. Entity Name

CORRECTIONAL SERVICES CORPORATION

Principal Place of Business

**1819 MAIN STREET
 SUITE 1000
 SARASOTA FL 34236
 US**

Mailing Address

**1819 MAIN STREET
 SUITE 1000
 SARASOTA FL 34236
 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

11-3182580

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

**METZ, STEPHEN W
 215 S. MONROE ST., STE. 505
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SLATTERY, JAMES F CEO	
STREET ADDRESS	8150 PERRY MAXWELL CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	COO	☒ Delete
NAME	GARRETSON, MICHAEL C EV	
STREET ADDRESS	5537 SAGO PALM DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	EV	☒ Delete
NAME	COTLER, IRA CFO	
STREET ADDRESS	4724 SWEET MEADOW CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ Delete
NAME	SPEISMAN, AARON	
STREET ADDRESS	5845 N.W. 23RD TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SVPD	☐ Delete
NAME	STALEY, RICHARD P	
STREET ADDRESS	848 LAKEMONT DRIVE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	☐ Delete
NAME	GERSON, STUART M	
STREET ADDRESS	1227 25TH STREET N.W.	
CITY-ST-ZIP	WASHINGTON DC	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Change ☒ Addition
NAME	Shimmie Horn	
STREET ADDRESS	1819 Main Street, Suite 1000	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	☐ Change ☒ Addition
NAME	Bobbie L. Huskey	
STREET ADDRESS	1819 Main Street, Suite 1000	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	CEO T.V	☐ Change ☒ Addition
NAME	Wagner, Bernard, CFO	
STREET ADDRESS	1819 Main Street, Suite 1000	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	☐ Change ☐ Addition
NAME	Melvin T. Stith	
STREET ADDRESS	1819 Main Street, Suite 1000	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	☐ Change ☒ Addition
NAME	Chet Borgida	
STREET ADDRESS	1819 Main Street, Suite 1000	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	DC	☒ Change ☐ Addition
NAME	Gerson, Stuart M.	
STREET ADDRESS	1227 25th Street NW	
CITY-ST-ZIP	Washington DC	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

Bernard A. Wagner **BERNARD A. WAGNER** 3/7/02 941-83-9199

CR2E034 (9/01)