

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002445

1. Entity Name

THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTIC

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90070 019 ****70.00

Principal Place of Business

Mailing Address

475 PARK AVENUE SOUTH
19TH FLOOR
NEW YORK NY 10016-6901

475 PARK AVENUE SOUTH
19TH FLOOR
NEW YORK NY 10016-6901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1809982

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
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 **P**
CLOUD, SANFORD JR.
STREET ADDRESS 71 FIFTH AVE., STE. 1100
CITY-ST-ZIP NEW YORK NY 10003

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 475 Park Avenue South, 19th Floor
CITY-ST-ZIP New York, NY 10016-6901

TITLE ☐ Delete
NAME **V**
ABERASTURI, GLORIA
STREET ADDRESS 71 FIFTH AVE., STE. 1100
CITY-ST-ZIP NEW YORK NY 10003

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 475 Park Avenue South, 19th Floor
CITY-ST-ZIP New York, NY 10016-6901

TITLE ☐ Delete
NAME **S**
TUCKER, JOYCE E
STREET ADDRESS 211 N UNION ST STE 100
CITY-ST-ZIP ALEXANDRIA VA 22314

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

TITLE ☐ Delete
NAME **T**
CONLEY, JOHN H
STREET ADDRESS 444 REGENCY PKWY #100
CITY-ST-ZIP OMAHA NE 68114-3779

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

TITLE ☐ Delete
NAME **C**
DUFFY, DAVID
STREET ADDRESS 222 RICHMOND ST
CITY-ST-ZIP PROVIDENCE RI 02903

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

TITLE ☐ Delete
NAME **VC**
THOMPSON, JUDITH
STREET ADDRESS 920 SHADY BRANCH TRAIL
CITY-ST-ZIP DELAND FL 32724

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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2000 212-545-

Date

Daytime Phone # 1300

CR2E037 (9/99)