

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

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90059 048 ****61.25

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DOCUMENT # N00000000559

1. Entity Name

FLORIDA BUSINESS PARTNERS FOR JUVENILE JUSTICE, INC.



Principal Place of Business

2737 CENTERVIEW DR., STE. 310
TALLAHASSEE FL 32399-3100

Mailing Address

2737 CENTERVIEW DR., STE. 310
TALLAHASSEE FL 32399-3100

2. Principal Place of Business

2737 Centerview Dr.

Suite, Apt. #, etc.

Suite 309

City & State

Tallahassee, FL

Zip

32399-3100

Country

Leon

3. Mailing Address

2737 Centerview Dr.

Suite, Apt. #, etc.

Suite 309

City & State

Tallahassee, FL

Zip

32399-3100

Country

Leon



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3623272**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROACH, SAUNDRA F.
2737 CENTERVIEW DRIVE
SUITE 220
TALLAHASSEE FL 32399

7. Name and Address of New Registered Agent

Name

Kay G. Smith

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

2737 Centerview Drive

Suite 309

City

Tallahassee

FL

Zip Code

32399

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

Kay G. Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/8/03

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE **D** ☒ Delete
NAME **ROACH, SAUNDRA F**
STREET ADDRESS **2737 CENTERVIEW DR., STE 220**
CITY-ST-ZIP **TALLAHASSEE FL 32399**

TITLE **D** ☐ Delete
NAME **HOLCOMB, KYM G**
STREET ADDRESS **2737 CENTERVIEW DR., STE 220**
CITY-ST-ZIP **TALLAHASSEE FL 32399**

TITLE **D** ☐ Delete
NAME **LOVE, RODERICK A**
STREET ADDRESS **2737 CENTERVIEW DR., STE 220**
CITY-ST-ZIP **TALLAHASSEE FL 32399**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☒ Addition
NAME **Smith, Kay G.**
STREET ADDRESS **2737 Centerview Dr. Ste 309**
CITY-ST-ZIP **Tallahassee FL 32399**

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

TITLE ☐ Change ☐ Addition
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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:

Kay G. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03
Date

922-3020
Daytime Phone #

CR2E037 (4/03)