## 2001 UNIFORM BUSINESS REPORT (UBR)

FLORIDA CORRECTIONS ASSOCIATION. INC  FILE D  OI FEB 16 AM 7: 54  SECRETARY OF STATE TALLAHASSEE FL 3200  2. Principal Place of Business  Suite, Apt. 4, etc.  City & State  City & Stat	DOCUN  1. Entity Name	MENT # N00000	003868				٠.		
SUITE APPEARS SEE FLOOD  2. Principal Place of Business Suite, April 4, etc. Suite, April 4,						<del></del>			
SUITE APPEARS SEE FLOOD  2. Principal Place of Business Suite, April 4, etc. Suite, April 4,	Principal Place of Business		Mailing Address			OI FEB 16 AN 7:54			
Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   Suite, Apt. 8, etc.	300 E BREVARD ST		300 E BREVARÓ ST						
City & State  Name  Name  Name  Name  Name  Name  Name  Street Address of Current Registered Agent  T. Hame and Address of New Registered Agent  City  FL  City  FL  City  Cit	2. Principal Pla	ace of Business	3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired Status Desired See Required Fee Required See Required Status Desired See Required See Requi	Suite, Apt. #	, etc.	Suite, Apt. #, etc.			DO NOT WE	RITE IN THIS SPACE		
6. Name and Address of Current Registered Agent    Name	City & State		City & State		4. FEI Nur	nber	1		
MURRELL, DAVID 300 E BREVARD ST TALLAHASSEE FL 32301  City FL Zip Code  City FL Zip Code  City FL Zip Code  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, Speec or printed name of registered agent and title if applicable. (NOTE: Registered Agent spenton recurred when revisitering)    FILE NOW:	Zip	Country Zip Country		5. Certific					
MURRELL, DAVID 300 E BREVARD ST TALLAHASSEE FL 32301    City   FL   Zip Code	6. Name and Address of Current Registered Agent								
Addition  THE NAME  STREET ADDRESS OTTY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS OTTY-ST-ZIP  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS OTTY-ST-ZIP  Delete  TITLE  DELET DELETE OTT	•			<b> </b>					
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, hypec or printed serve of registered agent and storid applicable. (NOTE: Registered Agent signature required when reinstating)    FILE NOW:					Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE    Signature, typed or printed rame of registered agent and sibe it applicable. (NOTE Registered Agent signature required when revisitating)   Print   President   Department of State				City FL Zip Code					
SIGNATURE    Signature, typed or printed rame of registered agent and sibe it applicable. (NOTE Registered Agent signature required when revisitating)   Print   President   Department of State									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRE	SIGNATURE _	FILE NOW:	9. Election Campaign F	inancing	<b>\$5.00</b> May Be	Ma	ake Check Payable		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELET NAME STREET ADDRESS CITY-ST-ZIP  NAME S	10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES	TITLE NAME STREET ADDRESS		<del></del>	NAME STREET ADDRESS	David M 300 Eas	urrell t Brevard	St,TLH,FL	32301	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	ViceEPm Jim Bai 300 Eas	esident / ardi t Brevard	ST,TLH,FL	32301	
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NAME STREET ADDRESS CITY-ST-ZIP  NAME  NAME  -02/21/0101112007  *****612.50  *****61.25	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		# 61	-ZS Chang	e	
Chadra Tartiffor	NAME STREET ADDRESS		☐ Delete	NAME - STREET ADDRESS	an Company of the Com	0000C -02/ ***	3 <b>74619</b>  21/01  1112	007 61.25	
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.	STREET ADDRESS CITY-ST-ZIP	partify that the information supplied w	☐ Delete	STREET ADDRESS CITY-ST-ZIP	ated in Section 119 0		th Charle	e information	

of the corporation or the receiver or frustee 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: