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Secretary of State
05-21-2002 91190 022 ****61.25

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

DOCUMENT # N01000003005 ✓

1. Entity Name
Justice for Florida's Children, Inc.
JUSTICE FOR FLORIDA'S CHILDREN, INC.

36189

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/o Elliott Manning, Univ of Miami School of Law	3. Mailing Address Same	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. Law P.O. Box 248087	Suite, Apt. #, etc.	4. FEI Number 65-1101270 — Applied For / Not Applicable
City & State Coral Gables FL	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 33124 Country USA	Zip Country	

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7. Name and Address of Current Registered Agent
Name Elliott Manning Gill
Street Address (P.O. Box Number is Not Acceptable) 1311 Miller Drive
[Univ of Miami School of Law
City Coral Gables FL Zip Code 33146

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 Elliott Manning — 4/30/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	President & Director
NAME	Parker D. Thomson
STREET ADDRESS	1111 Brickell Ave Suite 1100
CITY-ST-ZIP	Miami, FL 33131
TITLE	Treasurer & Director
NAME	Elliott Manning Gill
STREET ADDRESS	1311 Miller Drive
CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	Secretary & Director
NAME	Norman Gerstein
STREET ADDRESS	1351 NW 12 St Room 413
CITY-ST-ZIP	Miami, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elliott Manning, Treasurer 6/14/02