

NP

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

DOCUMENT # *N01000003348*

1. Entity Name *Florida Citizens For a Just Society, Inc*

FILED

02 APR 16 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7858 Havana Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Havana, FL

City & State

4. FEI Number

Applied For
 Not Applicable

Zip
32333

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Nikki Beare*

Street Address (P.O. Box Number is Not Acceptable)
7858 Havana Highway

City *Havana* FL Zip Code *32333*

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.

*per phone
w/ Nikki
4-17-02*

SIGNATURE _____
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 NAME
DONAVAN HALL
STREET ADDRESS
4461 LUMINOUS LANE
CITY-ST-ZIP
TALLAHASSEE, FL 32304

TITLE NAME
Pres / Treas / Dir
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Denise Hall
STREET ADDRESS
4461 LUMINOUS LANE
CITY-ST-ZIP
TALL FL 32311

TITLE NAME
VP / DIR
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NIKKI BEARE
STREET ADDRESS
7858 HAVANA HIGHWAY
CITY-ST-ZIP
HAVANA, FL 32333

TITLE NAME
V/S / DIR
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
000005348200--6
-04/25/02--01047--008
******183.75 *****61.25**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *Nikki Beare*

4/16/02

CR2E037B (12/01)