

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003155

1. Entity Name

THE RESTORATIVE JUSTICE INSTITUTE, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90078 010 ****61.25

Principal Place of Business

4624 VAN KLEECK DR
NEW SMYRNA BEACH FL 32168
US

Mailing Address

4624 VAN KLEECK DR
NEW SMYRNA BEACH FL 32169-4206
US

2. Principal Place of Business

20559 Warburton Bay Square
Suite, Apt. #, etc.

3. Mailing Address

20559 Warburton Bay Square
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sterling, Virginia

City & State

Sterling, Virginia

4. FEI Number

52-1979583

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

PRESTON, WILLIAM T
4624 VAN KLEECK DR
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

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]

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PRESTON, WILLIAM T	
STREET ADDRESS	4624 VAN KLEECK DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASSIE JAMES P	
STREET ADDRESS	801 ROCK CASTLE RD	
CITY-ST-ZIP	GOOCHLAND VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, GREG D	
STREET ADDRESS	20559 WARBURTON BAY SQUARE	
CITY-ST-ZIP	STERLING VA 20165	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAJJAR DAVID	
STREET ADDRESS	139 DUDDINGTON PLACE	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRANIS KAY	
STREET ADDRESS	1450 ENERGY PARK DR 200	
CITY-ST-ZIP	ST PAUL MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED SCOTT M	
STREET ADDRESS	4425 CORPORATION LANE 170	
CITY-ST-ZIP	VIRGINIA BCH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #