

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90019 034 ****61.25

DOCUMENT # N96000003155

1. Entity Name

THE RESTORATIVE JUSTICE INSTITUTE, INC.

Principal Place of Business

20559 WARBURTON BAY SQ.
STERLING VA 20165
US

Mailing Address

20559 WARBURTON BAY SQ.
STERLING VA 20165
US

2. Principal Place of Business

143 Canal Street

Suite, Apt. #, etc.

3. Mailing Address

143 Canal Street

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

4. FEI Number

52-1979583

Applied For

Not Applicable

Zip
32168

Country
USA

Zip
32168

Country
USA

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)

143 Canal Street

City

New Smyrna Beach

FL

Zip Code

32168

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

(NOTE: Registered Agent signature required when reinstating)

2-26-01

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** ☐ Delete
NAME **PRESTON, WILLIAM T**
STREET ADDRESS **4624 VAN KLEECK DR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **D** ☐ Delete
NAME **RICHARDSON, GREG D**
STREET ADDRESS **20559 WARBURTON BAY SQUARE**
CITY-ST-ZIP **STERLING VA 20165**

TITLE **D** ☐ Delete
NAME **PRANIS KAY**
STREET ADDRESS **1450 ENERGY PARK DR 200**
CITY-ST-ZIP **ST PAUL MN**

TITLE **D** ☐ Delete
NAME **REED SCOTT M**
STREET ADDRESS **4425 CORPORATION LANE 170**
CITY-ST-ZIP **VIRGINIA BCH FL**

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **143 Canal Street**
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3706 Mentone Ave., #4**
CITY-ST-ZIP **Los Angeles, CA 90034**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-01

904-424-9200

CR2E037 (10/00)