

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005453

1. Entity Name

MEN AND WOMEN UNITED FOR JUSTICE INCORPORATED



FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90018 008 ****61.25

Principal Place of Business

1016 ST JOHNS AVE
PALATKA FL 32177

Mailing Address

1016 ST JOHNS AVE
PALATKA FL 32177

2. Principal Place of Business

3. Mailing Address

Post Office Box 2186

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka, Florida

4. FEI Number

59-3410540

Applied For

Not Applicable

Zip

Country

Zip

Country

32178-2186 Putnam

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHERSON, LAWRENCE
1016 ST JOHNS AVENUE
PALATKA FL 32177

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, 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
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	HUTCHERSON, LAWRENCE	1016 ST JOHNS AVE	PALATKA FL 32177	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVP	MCGRIFF, JAMES REV	ROUTE 6, BOX 501 MAGNOLIA ST	PALATKA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	NIXON, LEMON REV	ROUTE 6 BOX 248 PHILLIPS DAIRY RD	PALATKA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	HUTCHERSON, LAWRENCE	APT 189 N 20TH ST	PALATKA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	SMITH, CHARLOTTE	1600 GREEN ST	PALATKA FL 32177	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E037 (5/00)