

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005453

1. Entity Name

**MEN AND WOMEN UNITED FOR JUSTICE INCORPORATED**

Principal Place of Business

1016 ST JOHNS AVE  
PALATKA FL 32177

Mailing Address

PO BOX 2186  
PALATKA FL 32178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3410540**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HUTCHERSON, LAWRENCE**  
**1016 ST JOHNS AVENUE**  
**PALATKA FL 32177**

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, 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 12, 2001, 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 of Lawrence Hutcherson*

9/8/01

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90200 001 \*\*\*122.50



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)