

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001966

1. Entity Name

RESTORATIVE JUSTICE MINISTRY FOUNDATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90103 010 ****61.25

Principal Place of Business

Mailing Address

222 SW BROADWAY
OCALA FL 34474

PO BOX 819
OCALA FL 34478-0819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

924 NE 24th Street

3. Mailing Address

PO Box 819

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number

59-3504589

Applied For

Not Applicable

Zip
34470

Country

Zip
34478-0819

Country

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

DECASTRO, BERNIE
222 SW BROADWAY
OCALA FL 34474

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

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

CR2E037 (9/99)

TITLE PD ☐ Delete

NAME DECASTRO, BERNIE
STREET ADDRESS 222 SW BROADWAY
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ Change ☐ Addition

TITLE DVP ☐ Delete

NAME SOLOMON, EMMETT
STREET ADDRESS 1232 AVENUE J
CITY-ST-ZIP HUNTSVILLE TX 77340

TITLE ☐ Change ☐ Addition

TITLE D ☐ Delete

NAME GLENN, JOHN
STREET ADDRESS 7000 SE 128TH AVENUE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 BERNIE DECASTRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #