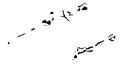
## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

45001	Oligi Olim Dool	MEGG HEF	,,,,	(ODII)	-					
DOCU 1. Entity Nam	MENT # Florida Institute	a e of Criminal	Just.	ice Resour	225	The.	ı			
The	Horida Lastituic	67 CT 7				FILE	)			
	nt # 999000055				1	00 JUN -8 PM 12: 42				
Principal Place of Business  Address  Address  Address  Address  Address					SECRETARY OF STATE					
Tallahussee, FL. 32301 -> 5-me					TALLAHASSEE, FLORIDA					
					]					
	Place of Business hetherbine Way	3. Mailing Address 224 whether bine way								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,		DO NOT WRITE	IN THIS S	PACE		
City & State Tallahassee Fl.		City & State Tallahossec, Fl.			4. FEI Number Applied For Not Applicable					
Zip Country		Zip 3230/ Coun 3230/ US				ertificate of Status Desired		8.75 Add	ditional	
3230	6. Name and Address of Current R				7. Na	ame and Address of New Reg				
				Name				9-11-		
Sordan, Dax A				Street Address (P.O. Box Number is Not Acceptable)						
724 whetherbine way Tallahassee, FC. 32301										
) 011	a hassee, it is		City				FL	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or register	ed ager	nt, or both, in the State of Florid	a.		•	
SIGNATURE										
SIGNATORE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOT	E: Registered	Agent signature required	when rein	stating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOWILI FEE IS:\$						10. Election Campaign Finan	cina	\$5.0	0 May Be	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			Trust Fund Contribution.   Added to Fees					
11.	OFFICERS AND D		12.		ADD	DITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 11	
TITLE	President Joune	☐ Delete	TITLE					Change	☐ Addition	
NAME	Day Jordan		NAME							
STREET ADDRESS	224 whetherbine	wa y		T ADDRESS						
CITY-ST-ZIP	7a11, FL.32301		CITY-S	ST-ZIP		<del>- 2000032</del>	<del>290</del> :	922	6	
TITLE		☐ Delete	TITLE			<del>- 2000032</del> -06/15/	000	Higae-	OD! Addition	
NAME		•	NAME			****15	0.00	****1	50.00	
STREET ADDRESS			STREE CITY-	T ADDRESS						
CITY-ST-ZIP								Change	☐ Addition	
MARKE		Delete	ez L≃TITLE: NAME			Contract of the contract of th		Change	#2[ ACOMON	
NAME STREET ADDRESS		•		T ADDRESS						
CITY-ST-ZIP		•	CITY-							
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NAME			NAME					_ •		
STREET ADDRESS			STREE	T ADDRESS						
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TITLE		☐ Delete	TITLE			-		Change	Addition	
NAME			NAME							
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZiP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME	.				Q r		
STREET ADDRESS				T ADORESS				SP	•	
CITY-ST-ZIP			CITY-							
indicatéd of the cor	certify that the information supplied with t on this report or supplemental report is I poration or the receiver or trustee empov , or on an attachment with an address, wi	true and accurate and that r vered to execute this report	my signatu : as require	ire shall have the s	same le	gal effect as if made under oat	n: that I ar	m an officer	or director	

06/06/00 (50)402-1000
Date Daytime Phone #



June 6, 2000

**Division of Corporations** P.O. Box 6327 Tallahassee, Fl. 32314

To Whom It May Concern:

We never received the UBR Form for the year 2000. Upon calling to request this form we were informed that we would need to include a letter indicating this in order not to be subjected to any late fees or penalties.

If you have any questions, comments or concerns please do not hesitate to call me at (850) 402-1000.

Sincerely,

Dax Jordan

The Florida Institute of Criminal Justice Resources Inc.

224 Whetherbine Way

Tallahassee, Fl. 323 No 1

Tax ID # 59-3583723

Check # 21446

Dar I. Je