

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083163

1. Entity Name

CRIMINAL JUSTICE EDUCATION AND TRAINING, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90149 032 \*\*\*158.75

Principal Place of Business

Mailing Address

1381 CROSS CREEK CIRCLE, UNIT C  
 TALLAHASSEE FL 32301

1381 CROSS CREEK CIRCLE, UNIT C  
 TALLAHASSEE FL 32301-3662

2. Principal Place of Business

1381 CROSS CREEK CIRCLE

3. Mailing Address

1381 CROSS CREEK CIRCLE

Suite, Apt. #, etc.

UNIT A

Suite, Apt. #, etc.

UNIT A

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

Zip

32301

Country

USA

Zip

32301

Country

USA

4. FEI Number

59-3610736

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINOKUR, THOMAS D  
 1381 CROSS CREEK CIRCLE, UNIT C  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

SAME PERSON

Street Address (P.O. Box Number is Not Acceptable)

1381 CROSS CREEK CIRCLE UNIT A

City

TALLAHASSEE

FL

Zip Code

32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
 NAME KAMAU, DIOP  
 STREET ADDRESS 1381 CROSS CREEK CIRCLE, UNIT C  
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE VD ☐ Delete  
 NAME NELSON, RANDY B  
 STREET ADDRESS 1381 CROSS CREEK CIRCLE, UNIT C  
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE STD ☐ Delete  
 NAME WINOKUR, KRISTIN P  
 STREET ADDRESS 1381 CROSS CREEK CIRCLE, UNIT C  
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

*Randy B. Nelson* V. President 4/28/00 (850) 671-4900