

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 AUG -7 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005453
1. Entity Name
MEN & WOMEN UNITED FOR
JUSTICE, INC.

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2. Principal Place of Business <u>PALM BEACH, FL</u>		3. Mailing Address <u>1405 ST. JOHNS AVE</u>	
Suite, Apt. #, etc. <u>1405 St. Johns Ave</u>		Suite, Apt. #, etc.	
City & State <u>PALM BEACH, FL</u>		City & State <u>Same</u>	
Zip <u>32177</u>	Country <u>Putnam</u>	Zip <u>11</u>	Country

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4. FEI Number <u>59-3410540</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name <u>LAWRENCE HUTCHERSON</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1405 ST JOHNS AVENUE</u>	
<u>PALM BEACH</u>	
City <u>FL</u>	Zip Code <u>32177</u>

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 Lawrence Hutcherson DATE 8/6/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <u>PD</u>	NAME <u>LAWRENCE HUTCHERSON</u>	TITLE	
STREET ADDRESS	<u>1405 ST JOHNS AVE</u>	STREET ADDRESS	<u>600006952826--7</u>
CITY-ST-ZIP	<u>PALM BEACH, FL 32177</u>	CITY-ST-ZIP	<u>-08/07/02--01070--002</u>
TITLE	NAME	TITLE	NAME
<u>DS</u>	<u>CHARLOTTE SMITH</u>		
STREET ADDRESS	<u>1600 SPANISH STREET</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>PALM BEACH, FL 32177</u>	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
<u>DB</u>	<u>LEMON NEXON</u>		
STREET ADDRESS	<u>Route 6 Box 248</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>PALM BEACH, FL 32177</u>	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE Lawrence Hutcherson DATE 8/7/02
Signature and typed or printed name of signing officer or director

CR2E034B (12/01)