2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90010 041 ****70.00

DOCUMENT # 739552

1. Entity Name

GLADES AREA ASSOCIATION FOR RETARDED CITIZENS, I

Principal Place of Business	Mailing Address
4250 N.W. 16TH ST. BELLE GLADE FL 33430 US	4250 N.W. 16TH ST. BELLE GLADE FL 33430-5962 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1760374 ☐ Applied For ☐ Not Applicable

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
CHAMBLEE, SANDRA 1045 TABIT ROAD BELLE GLADE FL 33430	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 Sandra Chamblee 3/1/00
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SINGLETON, GETCHRELL 224 S.W. 12TH ST BELLE GLADE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Johnson, Evelyn 940 S.W. Ave H Belle Glade, FL 33430	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BAUMGARTNER, STEPHEN 160 HOME PLACE COURT PAHOKEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Roberts, Donia A. 1100 N.Main St, Suite C Belle Glade, FL 33430	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ADAMS-ROBERTS, DONIA 147 BACOM POINT RD PAHOKEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Barber, Alta Lee P.O. Box 714 South Bay, FL 33493	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARBER, ALTA LEE P.O. BOX 714, 250 S.W. 2ND AVE SOUTH BAY FL 33493	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Prielozny, Stephen M. 108 S.E. Ave. D Belle Glade, FL 33430	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Donia A. Roberts 03/01/00 (561) 996-9583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #