2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **A25723**

1. Entity Name

   GLADES-PIKE EAST, LTD.

Principal Place of Business	Mailing Address
7777 GLADES ROAD	7777 GLADES ROAD
SUITE 310	SUITE 310
BOCA RATON FL 33434	BOCA RATON FL 33434-4150

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State	City & State	4. FEI Number **65-0159559**	Applied For
			Not Applicable

Zip	Country	Zip	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*
SCHMIER, ROBERT J 7777 GLADES RD. SUITE 310 BOCA RATON FL 33434	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

9. Capital Contributions as Shown on record **$30.00**	10. Amount of Capital Contributions in FLORIDA to date	11. **MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # **K10183** NAME **S & F/STATEWIDE, INC.** STREET ADDRESS **7777 GLADES ROAD, #310** CITY-ST-ZIP **BOCA RATON FL**	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS *rf 3/7/00* CITY-ST-ZIP
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _SIGNATURE REQUIRED_   02/21/00   541-483-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #