

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90074 043 \*\*\*\*61.25

**DOCUMENT # N99000006624**

1. Entity Name  
**GLADES HEALTH INITIATIVE INC.**

Principal Place of Business 136 SOUTH MAIN STREET BELLE GLADE FL 33430	Mailing Address 136 SOUTH MAIN STREET BELLE GLADE FL 33430-3424
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>65-0975269</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**ROBINSON, AUBIN W**  
**505 ROYAL PALM BEACH BLVD**  
**ROYAL PALM BEACH FL 33411**

**7. Name and Address of New Registered Agent**

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

**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**

TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>KENDALL, MARY S</b>
STREET ADDRESS	<b>P O BOX 594</b>
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>JOHNSON, JOHNNY</b>
STREET ADDRESS	<b>1411 SW AVE H</b>
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FOSTER, CORNELIUS</b>
STREET ADDRESS	<b>584 SW 10 STREET</b>
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CAMPBELL, MAE</b>
STREET ADDRESS	<b>P.O. BOX 815</b>
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MERCANTANTE, JOHN</b>
STREET ADDRESS	<b>1200 E MAIN STREET</b>
CITY-ST-ZIP	<b>PAHOKEE FL 33476</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>WALKER, SHIRLEY</b>
STREET ADDRESS	<b>200 SW 9 STREET</b>
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *JOHNNY JOHNSON* **SIGNATURE REQUIRED** **JOHNNY JOHNSON** 4/24/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)