2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 286140

Entity Name: BELLE GLADE INC

Current Principal Place of Business:

ONE NORTH CLEMATIS ST

STE 200

WEST PALM BEACH, FL 33401

Current Mailing Address:

ONE NORTH CLEMATIS ST

STE 200

WEST PALM BEACH, FL 33401

FEI Number: 59-1111656 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TABERNILLA, ARMANDO A ONE NORTH CLEMATIS ST

STE 200

WEST PALM BEACH, FL 33401 US

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:

Electronic Signature of Registered Agent

Date

FILED Mar 28, 2016

Secretary of State

CC7165045563

Officer/Director Detail:

Title Title OFFICER, SENIOR VICE PRESIDENT &

TREASURER

Name TABERNILLA, ARMANDO A BLOMQVIST, ERIK J Name

ONE NORTH CLEMATIS ST STE 200 Address ONE NORTH CLEMATIS ST STE 200 Address

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title DP

Title VICE PRESIDENT OF TAXATION HERNANDEZ, OSCAR R Name

Name ZUKOWSKI, PHILIP M ONE NORTH CLEMATIS ST STE 200 Address

Address ONE NORTH CLEMATIS ST STE 200 City-State-Zip: WEST PALM BEACH FL 33401

City-State-Zip: WEST PALM BEACH FL 33401

Title ΕV

City-State-Zip:

Title ٧ FERNANDEZ, LUIS J Name

Name RYAN, IV, ALLAN A Address ONE NORTH CLEMATIS ST STE 200

Address ONE NORTH CLEMATIS ST STE 200

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title VP, ASST. SECRETARY Title OFFICER, VP, SR. LITIGATION

COUNSEL & ASSISTANT SECRETARY Name ROSS, DANIEL D

TARR, WILLIAM F Name ONE NORTH CLEMATIS ST Address

> STE 200 ONE NORTH CLEMATIS ST Address

WEST PALM BEACH FL 33401 STE 200

> City-State-Zip: WEST PALM BEACH FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARMANDO A. TABERNILLA

DVS

03/28/2016