

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90034 016 \*\*\*150.00

0350175 AV

<b>DOCUMENT # 286140</b>	
1. Entity Name <b>BELLE GLADE INC</b>	
Principal Place of Business <b>340 ROYAL POINCIANA WAY STE 316 PALM BEACH FL 33480</b>	Mailing Address <b>340 ROYAL POINCIANA WAY STE 316 PALM BEACH FL 33480</b>
2. Principal Place of Business <b>One North Clematis St. Suite 200</b>	3. Mailing Address <b>One North Clematis St. Suite 200</b>
City & State <b>West Palm Beach, FL 33401</b>	City & State <b>West Palm Beach, FL 33401</b>
4. FEI Number <b>59-1111656</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TABERNILLA, ARMANDO A 340 ROYAL POINCIANA WAY STE 316 PALM BEACH FL 33480</b>	
7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>One North Clematis St. Suite 200</b> City <b>West Palm Beach</b> FL <b>33401</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS TABERNILLA, ARMANDO A 340 ROYAL POINCIANA WAY, STE. 316 PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT BLOMQUIST, ERIK J 340 ROYAL POINCIANA WAY, STE. 316 PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP RECIO, ALBERTO 340 ROYAL POINCIANAWAY, STE 316 PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FERNANDEZ, LUIS J 340 ROYAL POINCIANA WAY, STE. 316 PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEV CARSON, DONALD W 340 ROYAL POINCIANA WAY, STE 316 PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS CARSON, DONALD W 340 ROYAL POINCIANA WAY, STE 316 PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Delete
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHED</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <b>Armando A. Tabernilla</b> 3/4/02 561-655-6303	

CP2E034 (9/01)

**ATTACHMENT TO  
2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #286140**

1. Corporation Name

**BELLE GLADE INC.**

425385

**CONTINUED**

ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME +	Hernández, Oscar R.	
STREET ADDRESS	One North Clematis St.	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V/AS/Real Estate Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME +	Ross, Daniel D., Esq.	
STREET ADDRESS	One North Clematis St., Suite 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V	
NAME +	Ryan, Allan, IV	
STREET ADDRESS	One North Clematis St., Suite 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V/AS/Litigation Counsel	
NAME +	Tarr, William F.	
STREET ADDRESS	One North Clematis St., Suite 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D/P	
NAME +	Recio, Alberto S.	
STREET ADDRESS	One North Clematis St., Suite 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D/EV/AS	
NAME	Carson, Donald W.	
STREET ADDRESS	One North Clematis St., Suite 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V/T	
NAME +	Blomqvist, Erik J.	
STREET ADDRESS	One North Clematis St., Suite 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V	
NAME +	Fernandez, Luis J.	
STREET ADDRESS	One North Clematis St., Suite 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D/V/S/GC	
NAME +	Tabernilla, Armando A.	
STREET ADDRESS	One North Clematis St., Suite 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	