2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90021 050 ****61.25

DOCUMENT # 709056

1. Entity Name

GLADES DAY SCHOOL, INC.

Principal Place of Business	Mailing Address
GLADES DAY SCHOOL. INC. 400 GATOR BLVD BELLE GLADE FL 33430 US	GLADES DAY SCHOOL. INC. 400 GATOR BLVD BELLE GLADE FL 33430-2068 US

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 59-1101072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALTAM, THOMAS T.
1000 NE 2ND STREET
BELLE GLADE FL 33430

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALTMAN, THOMAS T. 1000 N.E. 2ND STREET BELLE GLADE FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CARTER, GORDON 1014 NE SECOND ST. BELLE GLADE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Dan Herring 1009 N.E. 1st Street Belle Glade, FL 33430	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEIN, FRITZ III 1625 W. CANAL ST. NO. BELLE GLADE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TERRILL, JIM 1045 PALMETTO STREET CLEWISTON FL 33430	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Earle E. "Chip" Edwards 325 East Delmonte Clewiston, FL 33440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHLECHTER, MIKE 627 SQUIRE DRIVE WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Chairman/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAMILTON 901 NE 22ND ST BELLE GLADE, FL 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Israel Baez Jr. 1343 Wedgworth Road Belle Glade, FL 33430	☐ Change ☒ Addition

CR2E037 (9/99)

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: Thomas T. Altman 2/10/00 561-996-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #