2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
02-14-2002 90096 043 ****61.25

0075754

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 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	7. Name and Address of New Registered Agent
ALTAM, THOMAS T. 1000 NE 2ND STREET BELLE GLADE FL 33430	Name: Earle E. Edwards Street Address (P.O. Box Number is Not Acceptable): 325 East Delmonte City: Clewiston **FL** Zip Code: 33430

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 Earle E. Edwards, Chairman 1/24/02
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	D ALTMAN, THOMAS T. 1000 N.E. 2ND STREET BELLE GLADE FL 33430	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Lynda Moss 2827 Bacom Point Road Pahokee, FL 33476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HERRING, DAN 1009 NE 1ST STREET BELLE GLADE FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEIN, FRITZ III 1625 W. CANAL ST. NO. BELLE GLADE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD EDWARDS, EARLE E "CHIP" 325 EAST DELMONTE CLEWISTON FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD SCHLECHTER, MIKE 627 SQUIRE DRIVE WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAEZ JR, ISRAEL 1343 WEDGWORTH ROAD BELLE GLADE FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Earle E. Edwards, III 1/24/02 561-9962100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Doc # 709056

OFFICERS AND DIRECTORS

TITLE D

NAME Judy Sanchez

STREET ADDRESS 709 N. E. 2nd Street

CITY-ST-ZIP Belle Glade, FL 33430

TITLE D

NAME Paul Orsenigo

STREET ADDRESS P. O. Box 130

CITY-ST-ZIP Belle Glade, FL 33430

TITLE D

NAME John McKinstry

STREET ADDRESS 4060 Royal Palm Beach Blvd.

CITY-ST-ZIP Royal Palm Beach, FL 33411
