

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90134 021 *****61.25

DOCUMENT # 709056

1. Entity Name

GLADES DAY SCHOOL, INC.



Principal Place of Business

GLADES DAY SCHOOL, INC.
400 GATOR BLVD
BELLE GLADE FL 33430
US

Mailing Address

GLADES DAY SCHOOL, INC.
400 GATOR BLVD
BELLE GLADE FL 33430
US

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 Del Monte

City **Clewiston**

FL

Zip Code
33440

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Earle E. Edwards* **Earle E. Edwards, Chairman** **3/24/03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **MOSS, LYNDA**
STREET ADDRESS **2827 BACOM POINT ROAD**
CITY-ST-ZIP **PAHOKEE FL 33476**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **HERRING, DAN**
STREET ADDRESS **1009 NE 1ST STREET**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STEIN, FRITZ III**
STREET ADDRESS **1625 W. CANAL ST. NO.**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **EDWARDS, EARLE E "CHIP"**
STREET ADDRESS **325 EAST DELMONTE**
CITY-ST-ZIP **CLEWISTON FL 33430**

TITLE **D** ☒ Change ☐ Addition
NAME **John E. McKinstry**
STREET ADDRESS **4060 Royal Palm Beach Blvd.**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE **VCD** ☐ Delete
NAME **SCHLECHTER, MIKE**
STREET ADDRESS **627 SQUIRE DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BAEZ JR, ISRAEL**
STREET ADDRESS **1343 WEDGORTH ROAD**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ Change ☐ 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: *Earle E. Edwards* **Earle E. Edwards, Chairman** **3/24/03** **561-996-2100**

CR2E037 (10/02)

Attachment

20028030

769056

ADDITIONAL 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
