

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735250

1. Entity Name

BELLE GLADE BICENTENNIAL COMMITTEE, INC.

Principal Place of Business

949 S.E. 4TH ST.
POST OFFICE BOX 572
BELLE GLADE FL 33430

Mailing Address

949 S.E. 4TH ST.
POST OFFICE BOX 572
BELLE GLADE FL 33430-0572

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

59-1709618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAND, FRANCES R
949 S.E. 4TH 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

TITLE PD
NAME HAND, FRANCES R
STREET ADDRESS 949 S.E. 4TH STREET
CITY-ST-ZIP BELLE GLADE FL ☐ Delete

TITLE D
NAME WOOD, BEA
STREET ADDRESS 916 N.W. 4TH ST.
CITY-ST-ZIP BELLE GLADE FL ☐ Delete

TITLE D
NAME NACHMAN, NATALEAH
STREET ADDRESS 1008 S.E. 2ND ST.
CITY-ST-ZIP BELLE GLADE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE D
NAME ORSENIGO, JOSEPH R.
STREET ADDRESS 101 SE 7TH STREET NORTH
CITY-ST-ZIP BELLE GLADE, FL 33430 ☐ Change ☒ Addition

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90011 042 ****61.25



DO NOT WRITE IN THIS SPACE