

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 735250**

1. Entity Name

BELLE GLADE BICENTENNIAL COMMITTEE, INC.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90005 023 ****61.25

0051720

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****700627**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1709618

Applied For

Not Applicable

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAND, FRANCES R	
STREET ADDRESS	949 S.E. 4TH STREET	
CITY - ST - ZIP	BELLE GLADE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, BEA	
STREET ADDRESS	916 N.W. 4TH ST.	
CITY - ST - ZIP	BELLE GLADE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ORSENI, JOSEPH R	
STREET ADDRESS	101 SE 7TH STREET NORTH	
CITY - ST - ZIP	BELLE GLADE FL 33430	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)