

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2000 8:00 am**
Secretary of State

03-07-2000 90131 001 ***211.25

DOCUMENT # 790483

1. Entity Name

GLADES ELECTRIC COOPERATIVE, INC.

Principal Place of Business

Mailing Address

P O BOX 519
MOORE HAVEN FL 33471**P O BOX 519**
MOORE HAVEN FLA 33471-0519

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

59-0538145

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

7. Name and Address of New Registered Agent

TODD, L.T. JR
1190 US HIGHWAY 27 E
MOORE HAVEN FL 33471

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 \$61.259. 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 **T** ☒ Delete
NAME **AUL, JAMES**
STREET ADDRESS **1190 US HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN FL**TITLE **P** ☐ Change ☒ Addition
NAME **HENDERSON, RUSSELL**
STREET ADDRESS **1190 US HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN, FL 33471**TITLE **P** ☒ Delete
NAME **DRAKE, JOHN**
STREET ADDRESS **US HWY 27 SOUTH, 1 MILE**
CITY-ST-ZIP **MOORE HAVEN FL**TITLE **VP** ☐ Change ☒ Addition
NAME **HENDERSON, LEE**
STREET ADDRESS **1190 US HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN, FL 33471**TITLE **D** ☐ Delete
NAME **SHANNON HALL**
STREET ADDRESS **1190 U.S. HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN FL**TITLE **D** ☐ Change ☒ Addition
NAME **LOFTON, IRENE**
STREET ADDRESS **1190 US HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN, FL 33471**TITLE **D** ☐ Delete
NAME **KATHLEEN GARDEI**
STREET ADDRESS **1190 U.S. HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN FL**TITLE **D** ☒ Change ☐ Addition
NAME **AUL, JAMES**
STREET ADDRESS **1190 US HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN, FL 33471**TITLE **D** ☒ Delete
NAME **BIRGE, WALLY**
STREET ADDRESS **1190 US HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN FL**TITLE **D** ☒ Change ☐ Addition
NAME **DRAKE, JOHN**
STREET ADDRESS **1190 US HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN, FL 33471**TITLE **ST** ☒ Delete
NAME **COXE, JOHN**
STREET ADDRESS **US HWY 27 SOUTH, 1 MILE**
CITY-ST-ZIP **MOORE HAVEN FL**TITLE **ST** ☒ Change ☐ Addition
NAME **BIRGE, WALLACE**
STREET ADDRESS **1190 US HWY 27 EAST**
CITY-ST-ZIP **MOORE HAVEN, FL 33471**

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: *Wally Birge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALLY BIRGE SEC/TREAS. 1-27-00 863-946-0061

Date

Daytime Phone #

CR2E037 (9/99)