

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 790483**

1. Entity Name

GLADES ELECTRIC COOPERATIVE, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90011 047 ****61.25

Principal Place of Business

Mailing Address

P O BOX 519
MOORE HAVEN FL 33471P O BOX 519
MOORE HAVEN FL 33471

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

59-0538145

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

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

4-23-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HENDERSON, RUSSELL
1190 US HWY 27 EAST
MOORE HAVEN FL 33471 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HENDERSON, LEE
U.S. HIGHWAY 27 EAST
MOORE HAVEN FL 33471 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHANNON HALL
1190 U.S. HWY 27 EAST
MOORE HAVEN FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V D
SHANNON HALL
1190 U.S. Hwy 27 East
Moore Haven, FL 33471 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AUL, JAMES
1190 U.S. HIGHWAY 27 EAST
MOORE HAVEN FL 33471 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DRAKE, JOHN
1190 US HWY 27 EAST
MOORE HAVEN FL 33471 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BIRGE, WALLACE
US HWY 27 SOUTH, 1 MILE
MOORE HAVEN FL 33471 ☐ DeleteTITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(863) 946-0061

Date:

Daytime Phone #

CR2E037 (10/00)