

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A94000001326

**1. Entity Name**  
GLADES PARTNERSHIP, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 20 PM 1:25

**Principal Place of Business**  
% JOHN CORBETT  
319 CLEMATIS STREET, SUITE 409  
WEST PALM BEACH FL 33401

**Mailing Address**  
% JOHN CORBETT  
319 CLEMATIS STREET, SUITE 409  
WEST PALM BEACH FL 33401

*mf*



**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 65-0522898

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
CORBETT, JOHN  
319 CLEMATIS STREET, SUITE 409  
WEST PALM BEACH FL 33401

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$2,000.00

**10. Amount of Capital Contributions in FLORIDA to date.**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	N96000003114	STREET ADDRESS	
NAME	THE PARTNERSHIP, INC.	CITY-ST-ZIP	
STREET ADDRESS	319 CLEMATIS STREET, SUITE 409		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #		STREET ADDRESS	800003349278--8
NAME		CITY-ST-ZIP	-08/08/00--01059--003
STREET ADDRESS			****150.00 ****150.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** *SIGNATURE OF JOHN CORBETT* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **7/17/2000** **561 659 1201**

Date Daytime Phone # **x16**

CR2E003 (5/00)