

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M82009

1. Entity Name

GLADES MUSIC OF SOUTH FLORIDA, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90251 040 \*\*\*158.75

Principal Place of Business

Mailing Address

215 E MAIN ST  
PAHOKEE FL 33476  
US

P.O. BOX 577  
% THOMAS W. BIRD, JR. ~~P.O. BOX 1350~~  
PAHOKEE FL 33476-0577  
US



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 65-0058703

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

BIRD, THOMAS W JR  
2031 VISTA DR.  
JUNO BEACH FL 33408



Name BIRD, THOMAS W - JR

Street Address (P.O. Box Number is Not Acceptable)

2051 VISTA DR.

City NORTH PALM BEACH, FL Zip Code 33408

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS      |                                                                   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |                                              |
|---------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------|
| TITLE                           | NAME                                                              | TITLE                                                             | NAME                                         |
| <input type="checkbox"/> Delete | PD<br>BIRD, THOMAS W JR.<br>2031 VISTA DR.<br>JUNO BEACH FL 33408 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2051 VISTA DR.<br>NORTH PALM BEACH, FL 33408 |
| <input type="checkbox"/> Delete | ST<br>BIRD, DIANNE H.<br>2031 VISTA DR<br>JUNO BCH FL             | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2051 VISTA DR.<br>NORTH PALM BEACH, FL 33408 |
| <input type="checkbox"/> Delete |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                              |
| <input type="checkbox"/> Delete |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                              |
| <input type="checkbox"/> Delete |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                              |
| <input type="checkbox"/> Delete |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                              |
| <input type="checkbox"/> Delete |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                              |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other I'm empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #