

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-20-2001 90074 013 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002031

1. Entity Name

GLADES AND HENDRY BAR ASSOCIATION, INC.

Principal Place of Business

150 SOUTH MAIN STREET
LABELLE FL 33975

Mailing Address

P.O. BOX 250
LABELLE FL 33975

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

Applied for

☒ 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

Name

Owen Luckey, Jr.
90 Howe St.

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

City

LaBelle

FL

Zip Code

33935

LUCKEY, OWEN L JR.
110 NORTH MAIN STREET
LABELLE FL 33975

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

Owen L. Luckey, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-14-01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMUNNI, STEVEN A	
STREET ADDRESS	100 SOUTH MAIN STREET	
CITY-ST-ZIP	LABELLE FL 33975	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BURR, BOB	
STREET ADDRESS	150 SOUTH MAIN STREET	
CITY-ST-ZIP	LABELLE FL 33975	

TITLE	SD	<input type="checkbox"/> Delete
NAME	POLHEMUS, STEVEN J	
STREET ADDRESS	110 NORTH MAIN STREET	
CITY-ST-ZIP	LABELLE FL 33975	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven A. Ramunni	
STREET ADDRESS	90 Howe St.	
CITY-ST-ZIP	LaBelle, FL 33935	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Worchester	
STREET ADDRESS	125 Pratt Blvd	
CITY-ST-ZIP	LaBelle, FL 33935	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven J. Polhemus	
STREET ADDRESS	155 No. Bridge St.	
CITY-ST-ZIP	LaBelle, FL 33935	

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

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

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 REQUIRED

Steven A. Ramunni

Date

7/6/01

Daytime Phone #

(863) 675-4646

CR2E037 (5/01)