

2002 UNIFORM BUSINESS REPORT (UBR)

3/61

FILED
May 21, 2002 8:00 am
Secretary of State

03-06-2002 90058 046 ****61.25

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

90 Howe Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1118

Suite, Apt. #, etc.

City & State

Labelle FL

City & State

Labelle FL

Zip

33935

Country

Hendry

Zip

33975

Country

Hendry

6. Name and Address of Current Registered Agent

**LUCKEY, OWEN L. JR.
 90 HOWE ST.
 LABELLE FL 33935**

DO NOT WRITE IN THIS SPACE

01-0673286

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

Name

Owen L. Luckey, Jr.

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

90 Howe Ave

City

Labelle

FL

Zip Code

33935

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)

1-16-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO RAMUNNI, STEVEN A 90 HOWE ST LABELLE FL 33935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WORCHESTER, KELLY 125 PRATT BLVD. LABELLE FL 33935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POLHEMUS, STEVEN J 155 NO. BRIDGE ST. LABELLE FL 33935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 **STEVEN A. RAMUNNI**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

attachment # 28735

N00000002031

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **01-0673286**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested GLADES AND HENDRY BAR ASSOCIATION, INC.		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name Steven A. Ramunni
	4a Mailing address (room, apt., suite no. and street, or P.O. box) Post Office Box 1118		5a Street address (if different) (Do not enter a P.O. box.) 90 Howe Avenue
	4b City, state, and ZIP code LaBelle, Florida 33975		5b City, state, and ZIP code LaqBelle, Florida 33975
	6 County and state where principal business is located Hendry County, Florida		
	7a Name of principal officer, general partner, grantor, owner, or trustor Steven A. Ramunni		7b SSN, ITIN, or EIN 263-51-1129
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 501C <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated State _____ Foreign country _____			
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ NON-PROFIT <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) 03/23/2000		11 Closing month of accounting year 12/31	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶			Agricultural _____
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) NON-PROFIT <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			Household _____
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Bar Association			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name Tammy-Lynn Kirkpatrick		Designee's telephone number (include area code) (863) 675-7111 ext 23
	Address and ZIP code Post Office Box 1820, LaBelle, Florida 33975		Designee's fax number (include area code) (863) 675-2179
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ Steven A. Ramunni			Applicant's telephone number (include area code) (941) 791-3900
Signature ▶ _____ Date ▶ _____			Applicant's fax number (include area code) (941) 791-3901