

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000005281**

1. Entity Name

**GLADES ACADEMY OF AGRICULTURAL & ECOLOGICAL STUD****FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90394 019 \*\*\*\*61.25

0003350

Principal Place of Business

7450 SR 15  
PAHOKEE FL 33476

Mailing Address

626 NORTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33401**00041833**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1032601

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MILLIGAN, ALPHONSO S  
3910 RCA BOULEVARD  
SUITE 1011  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name **MILLIGAN, ALPHONSO S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4600 EAST PARK DRIVE**  
**Suite 201**  
City **PALM BEACH GARDENS FL** Zip Code **33410**

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

**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 ☐ Delete  
NAME **D**  
STREET ADDRESS **FANJUL, EMILIA**  
CITY-ST-ZIP **105 JUNGLE ROAD**  
**PALM BEACH FL 33480**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **COPPOCK, MACK**  
CITY-ST-ZIP **626 NORTH DIXIE HIGHWAY**  
**WEST PALM BEACH FL 33401**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RUSSELL, ANTOINE**  
CITY-ST-ZIP **234 N W 10TH STREET**  
**BELLE GLADE FL 33430**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Riviera, Guillermo**  
CITY-ST-ZIP **7450 SR 15**  
**PAHOKEE, FL 33476**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK COPPOCK****S/T**

Date

Daytime Phone #

**4/13/01 561.366.5095**

CR2E037 (10/00)