

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90112 003 ****70.00

DOCUMENT # N20548

1. Entity Name
GLADES DIAMOND, INC.



Principal Place of Business

**601 COVENANT DR.
BELLE GLADE FL 33430-5728**

Mailing Address

**601 COVENANT DR.
BELLE GLADE FL 33430-5728**

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 **59-2810382**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MORRIS, ROBERT ESQ
685 ROYAL PALM BCH BLVD STE 205
ROYAL PALM BCH FL 33411**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCCLENDON, EDNA
140 SANTA MONICA AVENUE
ROYAL PALM BEACH FL 33411** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LOCKETT, PAULINE
700 S.W. 8TH STREET
BELLE GLADE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HARRISON, NORMAN
324 EAST CANAL STREET S APT # 7
BELLE GLADE FL 33430** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACKSON, LAURA
440 WEST 30TH STREET
RIVIERA BEACH FL 33404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
SMITH, NANCY
1740 SOUTHEAST AVENUE K
BELLE GLADE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
HARRISON, NORMAN
324 EAST CANAL STREET SOUTH, #7
BELLE GLADE FL 33430** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JACKSON, LAURA
440 WEST 30TH STREET
RIVIERA BEACH FL 33404** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, NANCY
1740 SOUTHEAST AVENUE K
BELLE GLADE FL 33430** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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]
EDNA MCCLENDON

JANUARY 30, 2003

561-996-2300

Date

Daytime Phone #

CR2E037 (10/02)