

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002836

1. Entity Name

GLADES POSITIVE ALTERNATIVE PARTNERSHIP CORPORAT
ION OF BELLE GLADE

Principal Place of Business

Mailing Address

SUB-STATION
224 S.W. 5TH STREET
BELLE GLADE FL 33430
US

P.O. BOX 218
BELLE GLADE FL 33430
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0451192

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

WALKERS, JEFFERS
SUB-STATION
224 S.W. 5TH STREET
BELLE GLADE FL 33430

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME STAMBAUGH, CURTIS
STREET ADDRESS 40 W CANAL STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

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

TITLE DT
NAME CLAY, IRENE
STREET ADDRESS 1216 S.W. AVENUE C. PLACE
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

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

TITLE DS
NAME BELL-SPENCE, BARBARA
STREET ADDRESS 740 S.E. 1ST STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

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

TITLE DVP
NAME HAMILTON, DONALD
STREET ADDRESS 110 S.W. MLK BLVD.
CITY-ST-ZIP BELLE GLADE FL 33430 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: CURTIS STAMBAUGH, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02

(561) 996-0100

Date

Daytime Phone #

CR2E037 (9/01)