

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90134 015 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000002641

1. Entity Name
GLADES PIONEERS, INC.

Principal Place of Business Mailing Address
601 COVENANT DR. **601 COVENANT DR.**
BELLE GLADE FL **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 Applied For
65-0532561 Not Applicable

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

6. Name and Address of Current Registered Agent
MONTGOMERY, THOMAS E
685 ROYAL PALM BEACH BOULEVARD
SUITE 205
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent
 Name
MORRIS, ROBERT, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
685 ROYAL PALM BEACH BOULEVARD
SUITE #205
 City **ROYAL PALM BEACH FLORIDA FL** Zip Code
33411

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 *Robert R. Morris* **ROBERT R. MORRIS** **1-27-00**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLENDON, EDNA 601 COVENANT DRIVE BELLE GLADE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOCKETT, PAULINE 601 COVENANT DRIVE BELLE GLADE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLFORD, DOROTHY K 601 COVENANT DRIVE BELLE GLADE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRISON, NORMAN 508 GLADE GLEN BELLE GLADE FL 33430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON-KENDALL, MAMIE 141 SOUTH MAIN ST, STE 205 BELLE GLADE FL 33430	<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	SD MONIKA REUTER 111 A WEYBRIDGE CIRCLE ROYAL PALM BEACH FLORIDA 33411	<input checked="" 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: *Edna McClendon* **EDNA MCCLENDON PRESIDENT** **JANUARY 27, 2000** **(561) 996-2300**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #