

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90237 014 \*\*\*\*70.00

**DOCUMENT # N94000002641**

1. Entity Name

**GLADES PIONEERS, INC.**

Principal Place of Business

**601 COVENANT DR.  
 BELLE GLADE FL**

Mailing Address

**601 COVENANT DR.  
 BELLE GLADE FL**

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

**65-0532561**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRIS, ROBERT ESQ  
 685 ROYAL PALM BEACH BOULEVARD  
 SUITE 205  
 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 NAME	PD MCCLENDON, EDNA	<input type="checkbox"/> Delete
STREET ADDRESS	601 COVENANT DRIVE	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE NAME	VD LOCKETT, PAULINE	<input type="checkbox"/> Delete
STREET ADDRESS	601 COVENANT DRIVE	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE NAME	SD REUTER, MONIKA	<input type="checkbox"/> Delete
STREET ADDRESS	111 A WEYBRIDGE CIR	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE NAME	T HARRISON, NORMAN	<input type="checkbox"/> Delete
STREET ADDRESS	508 GLADE GLEN	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE NAME	D WASHINGTON-KENDALL, MAMIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	141 SOUTH MAIN ST, STE 205	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD MCCLENDON, EDNA O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	140 SANTA MONICA AVENUE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T HARRISON, NORMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	324 EAST CANAL STREET, SOUTH APT #7	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE NAME	D JACKSON, LAURA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	440 WEST 30TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE:

**JANUARY 26, 2001 (561) 996-2300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)