2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am DOCUMENT # N94000002977 **Secretary of State** 1. Entity Name THE GLADES COMMUNITY DEVELOPMENT CORPORATION 03-01-2001 90013 037 ****70.00 Principal Place of Business Mailing Address 401 SE SECOND STREET 401 SE SECOND STREET BELLE GLADE FL 33430 BELLE GLADE FL 33430 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0498106 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOORE-WILLIAMS, AUTRIE **401 SE 2ND STREET** BELLE GLADE FL 33430 City 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 grinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD ☐ Addition CR2E037 (10/00) TITLE ☐ Delete TITLE Change MALONE, JUANITA NAME NAME STREET ADDRESS STREET ADDRESS 2524 STONEGATE DR CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL TITLE Delete TITLE Change ☐ Addition NAME ALLEN, PAUL NAME CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE FL 33430 Treasurer Change ☐ Addition Delete TITLE TD TITLE Janet Lewis NAME Weybridge Circle alm Beach, FL GOGGANS, GARY NAME 146-B STREET ADDRESS STREET ADDRESS 324 NW 8 ST CITY-ST-ZIP CITY-ST-ZIF BELLE GLADE FL 33430 ☐ Addition TITLE ☐ Delete TITLE NAME ALLEN, PAUL NAME STREET ADDRESS STREET ADDRESS 33 NE AVE. I CITY-ST-7IP CITY-ST-ZIP BELLE GLADE FL 33430 Secretary Change Addition ☐ Delete TITLE TITLE Allen Annette Alle NAME LEWIS, JANET NAME Avenue STREET ADDRESS 146-B WEYBRIDGE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information sapplied 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 suppliemental 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 report every diffrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with all other like empower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/an address

changed, or on an attachment v

SIGNATURE:

FILED

Daytime Phone #