

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90011 043 ****61.25

DOCUMENT # N96000003908

1. Entity Name

GLADES ELECTRIC CHARITABLE TRUST, INC.

Principal Place of Business

**150 NORTH COMMERCE AVE.
SEBRING FL 33871**

Mailing Address

**P.O. BOX 2025
SEBRING FL 33871**

2. Principal Place of Business

1190 U.S. Hwy. 27 East

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 519

Suite, Apt. #, etc.

City & State

Moore Haven, FL

City & State

Moore Haven, FL

4. FEI Number

65-0850177

Applied For

Not Applicable

Zip

33471

Country

U.S.A.

Zip

33471

Country

U.S.A.

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

DO NOT WRITE IN THIS SPACE



0067316

6. Name and Address of Current Registered Agent

**JACKSON, ANDREW B ESQ.
150 NORTH COMMERCE AVE.
SEBRING FL 33871**

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.

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

T ☒ Delete
NAME **GARCIA, AURELIO**
STREET ADDRESS **PO BOX 610**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

D ☒ Delete
NAME **BALL, GEORGE D**
STREET ADDRESS **8960 N. WAYMAN RD**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

D ☐ Delete
NAME **CHAPMAN, KAY**
STREET ADDRESS **765 E. ST RD 78**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

P ☒ Delete
NAME **OLIVIERI, LEONARD**
STREET ADDRESS **19410 NW 80 DR**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

VP ☐ Delete
NAME **ANDRUS, LEE**
STREET ADDRESS **636 HIGHLANDS LAKE DR**
CITY-ST-ZIP **LAKE PLACID FL 33852**

S ☐ Delete
NAME **ABLEMAN, CAROL**
STREET ADDRESS **461 GRAND PRIX DR**
CITY-ST-ZIP **VENUS FL 33960**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P D ☒ Change ☐ Addition
NAME **HAROLD OWEN**
STREET ADDRESS **139 Lake Francis Dr.**
CITY-ST-ZIP **Lake Placid, FL 33852**

D ☐ Change ☒ Addition
NAME **AUDREY VICKERS**
STREET ADDRESS **1825 Wright Lane**
CITY-ST-ZIP **Lorida, FL 33857**

D ☐ Change ☒ Addition
NAME **ANZIE "Josephine" BENNETT**
STREET ADDRESS **14685 NW 160th Street**
CITY-ST-ZIP **Okeechobee, FL 34972**

D ☒ Change ☐ Addition
NAME **DOROTHY BARRY**
STREET ADDRESS **P. O. Box 828**
CITY-ST-ZIP **Moore Haven, FL 33471**

T D ☐ Change ☒ Addition
NAME **JAMES FIELDER**
STREET ADDRESS **P. O. Box 1733**
CITY-ST-ZIP **Clewiston, FL 33440**

D ☒ Change ☐ Addition
NAME **JIM HERRINGTON**
STREET ADDRESS **280 Western Drive**
CITY-ST-ZIP **Moore Haven, FL 33471**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(863) 699-0161

4-23-01

Date

Daytime Phone #

CR2E037 (10/00)