

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90097 024 ****61.25

DOCUMENT # N97000002669

1. Entity Name

THOMAS L. ALTMAN SCHOLARSHIP FUND FOR THE BENEFIT OF GLADES DAY SCHOOL, INC.



Principal Place of Business

**GLADES DAY SCHOOL INC
400 GATOR BLVD
BELLE GLADE FL 33430
US**

Mailing Address

**GLADES DAY SCHOOL INC
400 GATOR BLVD
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

4. FEI Number **59-3477985**

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

**JAMES P. COVEY, P.A.
1111 S FEDERAL HWY
SUITE 330
STUART FL 34994**

Name **Janet McKinley**

Street Address (P.O. Box Number is Not Acceptable)
4440 S. E. 128th Ave.

City **Okeechobee**

FL

Zip Code
34974

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Janet McKinley **Janet McKinley, Bookkeeper**

3/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **HERRING, JAMES M JR**
STREET ADDRESS **808 NE 2ND STREET**
CITY-ST-ZIP **BELLE GLADE FL 33430**

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

TITLE **VCD** ☐ Delete
NAME **PEREZ, MANDY**
STREET ADDRESS **400 NE AVENUE L**
CITY-ST-ZIP **BELLE GLADE FL 33430**

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

TITLE **STD** ☐ Delete
NAME **MARTHA LYNN THOMAS WEEKS**
STREET ADDRESS **POST OFFICE BOX 157**
CITY-ST-ZIP **LAKE HARBOR FL 33459**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 all other like empowered.

SIGNATURE:

Mandy Perez **Mandy Perez, Vice Chairman Director**

CR2E037 (10/02)