

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004251

1. Entity Name

GLADES ALUMNAE CHAPTER, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90057 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

590 S.W. 1ST STREET  
SOUTH BAY FL 33493

590 S.W. 1ST STREET  
SOUTH BAY FL 33493-2124

2. Principal Place of Business

3. Mailing Address

16932 YORKSHIRE DR West

P.O. Box 328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Loxahatchee

City & State

Florida 33470

City & State

Loxahatchee, Florida

Zip

Country

Palm Beach

Zip

33470

Country

Palm Beach

4. FEI Number

31-1556211

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

RAINEY, MARY H  
590 S.W. 1ST STREET  
SOUTH BAY FL 33493

Name DELORES JOHNSON MAYES

Street Address (P.O. Box Number is Not Acceptable)

16932 YORKSHIRE DR. West

City

Loxahatchee

FL

Zip Code

33470

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 DELORES JOHNSON MAYES

Signature, typed or printed name of registered agent and title if applicable

Delores Johnson Mayes

(NOTE: Registered Agent signature required when reinstating)

4/11/00

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 ☒ Delete  
NAME DP  
STREET ADDRESS RAINY, MARY H  
CITY-ST-ZIP 590 S.W. 1ST STREET  
SOUTH BAY FL 33493

TITLE ☐ Change ☒ Addition  
NAME DP  
STREET ADDRESS LOIS D. Lewis  
CITY-ST-ZIP 612 S.W. 11th Street.  
Belle Glade, Florida 33430

TITLE ☒ Delete  
NAME DS  
STREET ADDRESS MCLEMORE, EARLENE  
CITY-ST-ZIP 293 BEGONIA DR.  
PAHOKEE FL 33476

TITLE ☐ Change ☒ Addition  
NAME D.G.  
STREET ADDRESS Sam Donaldson  
CITY-ST-ZIP 317 N. E 6th Street  
Belle Glade, Fla 33430

TITLE ☒ Delete  
NAME T  
STREET ADDRESS FLETCHER, LUCILLE  
CITY-ST-ZIP 849 SE 1ST ST  
BELLE GLADE FL 33430

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS Cosha R. Jackson  
CITY-ST-ZIP 1152 S.W. Ave J  
Belle Glade, Fla 33430

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: DELORES JOHNSON MAYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)