

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90008 005 \*\*\*\*61.25

**DOCUMENT # N98000000653**

1. Entity Name

**THE PARTNERSHIP ACADEMY OF THE GLADES, INC.**

Principal Place of Business

Mailing Address

~~101 NW AVE C~~  
~~BELLE GLADE FL 33430~~  
~~US~~

~~101 NW AVE C~~  
~~BELLE GLADE FL 33430~~  
~~US~~

2. Principal Place of Business

**710 SOUTH MAIN ST.**

3. Mailing Address

**710 SOUTH MAIN ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BELLE GLADE, FL**

City & State

**BELLE GLADE, FL**

Zip

**33430**

Country

**US**

Zip

**33430**

Country

**US**

4. FEI Number

**65-0819425**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LITINSKI, BARBARA F**  
**136 S HAMPTON DRIVE**  
**JUPITER FL 33458**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALDWIN, ELSA</b> <b>1245 VAUGHN CIRCLE</b> <b>BELLE GLADE FL 33430</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CALLOWAY, GWENOLYN</b> <b>440 SOUTHEAST 2ND ST</b> <b>SOUTH BAY FL 33493</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCGEE, MARILYN</b> <b>230 SW 11TH AVE</b> <b>SOUTH BAY FL 33493</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>BARBARA F. LITINSKI</b> <b>136 S. HAMPTON DR.</b> <b>JUPITER, FL 33458</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>GEORGE M. LITINSKI</b> <b>136 S. HAMPTON DR.</b> <b>JUPITER, FL 33458</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>SUE CARLSON</b> <b>12929 CALAIS CIRCLE</b> <b>PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>CLAUDIA ZIMMERMAN</b> <b>304 GOLFVIEW RD. PH 4</b> <b>NORTH PALM BEACH, FL 33408</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>SANDRA HERDOCIA</b> <b>915 SOUTH MAIN ST.</b> <b>BELLE GLADE, FL 33430</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGE M. LITINSKI**

**3/6/01**

**561-993-5000**

Date Daytime Phone #

CR2E037 (10/00)