

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**  
 01-23-2001 90038 016 \*\*\*\*61.25

**DOCUMENT # N98000002475**

1. Entity Name

**GLADES TROPICAL GARDEN, INC.**

Principal Place of Business

700 KIRBY THOMPSON RD  
 ALVIA FL 32920

Mailing Address

700 KIRBY THOMPSON RD  
 ALVIA FL 32920

2. Principal Place of Business

**4500 GATEWAY LANE**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**LABELLE, FL**

City & State

Zip  
**33935**

Country  
**GLADES**

Zip

Country

4. FEI Number

**65-0868447**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FENNER, PHILLIP**  
**700 KIRBY THOMPSON TD**  
**ALVIA FL 33920**

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 **D** ☐ Delete  
 NAME **FENNER, PHILLIP**  
 STREET ADDRESS **700 KIRBY THOMPSON RD**  
 CITY-ST-ZIP **ALVIA FL 33920**

TITLE **D** ☐ Delete  
 NAME **FENNER, JANET**  
 STREET ADDRESS **700 KIRBY THOMPSON RD**  
 CITY-ST-ZIP **ALVIA FL 33920**

TITLE **D** ☐ Delete  
 NAME **CLARK, LAUREN**  
 STREET ADDRESS **700 KIRBY THOMPSON RD**  
 CITY-ST-ZIP **ALVIA FL 33920**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)