

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006624

1. Entity Name

GLADES HEALTH INITIATIVE INC.

**FILED**  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90074 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

136 SOUTH MAIN STREET  
BELLE GLADE FL 33430

136 SOUTH MAIN STREET  
BELLE GLADE FL 33430-3424

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

65-0975269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

ROBINSON, AUBIN W  
505 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS KENDALL, MARY S  
CITY-ST-ZIP P O BOX 594  
BELLE GLADE FL 33430

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS JOHNSON, JOHNNY  
CITY-ST-ZIP 1411 SW AVE H  
BELLE GLADE FL 33430

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FOSTER, CORNELIUS  
CITY-ST-ZIP 584 SW 10 STREET  
BELLE GLADE FL 33430

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CAMPBELL, MAE  
CITY-ST-ZIP P.O. BOX 815  
BELLE GLADE FL 33430

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MERCANTANTE, JOHN  
CITY-ST-ZIP 1200 E MAIN STREET  
PAHOKEE FL 33476

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS WALKER, SHIRLEY  
CITY-ST-ZIP 200 SW 9 STREET  
BELLE GLADE FL 33430

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:

*JOHNNY JOHNSON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)