

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013095

**FILED**  
Feb 25, 2000 8:00 am  
**Secretary of State**

02-25-2000 90014 035 \*\*\*150.00

1. Entity Name  
**GLADES FARM ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

101 S.E. 4TH STREET NORTH  
BELLE GLADE FL 33430

101 S.E. 4TH STREET NORTH  
BELLE GLADE FL 33430-3107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1375 West Canal St.

1375 West Canal St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0753948

Applied For

Not Applicable

Zip

Country

Zip

Country

33430

PA/MBch

33430

PA/MBch

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

PRESCOTT, WILLIAM P  
101 S.E. 4TH STREET NORTH  
BELLE GLADE FL 33430

Name Prescott William P.

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

1375 West Canal St.

City Belle Glade

FL

Zip Code

33430

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☐ Delete  
NAME PRESCOTT, WILLIAM P  
STREET ADDRESS 101 S.E. 4TH STREET NORTH  
CITY-ST-ZIP BELLE GLADE FL 33430

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

TITLE PD ☐ Delete  
NAME PRESCOTT, WILLIAM P  
STREET ADDRESS 10156 4TH STREET, NORTH  
CITY-ST-ZIP BELLE GLADE FL 33430

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

2/1/2000 561-796-7219

CR2E034 (9/99)