

2001 UNIFORM BUSINESS REPORT (UBR)

0026572 AF

DOCUMENT # L00000012684

1. Entity Name

COTTON MANOR GCA, LLC

FILED

01 MAR 15 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

% GALE & WENTWORTH COMMUNITIES MGMT
2401 PGA BOULEVARD, SUITE 280
PALM BEACH GARDENS FL 33410

Mailing Address

% GALE & WENTWORTH COMMUNITIES MGMT
200 CAMPUS DRIVE, SUITE 200
FLORHAM PARK NJ 07932

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

65-1047645

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DELL, DENISE D ESQ.
AKERMAN SENTERFITT & EIDSON, P.A.
255 SOUTH ORANGE AVENUE, 10TH FLOOR
ORLANDO FL 32801

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 \$50.00
Make Check Payable to Department of State

300003911943--0
-03/27/01--01055--021
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS GCA HOLDING, LLC
CITY-ST-ZIP 2401 PGA BOULEVARD, SUITE 280
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BY: GCA HOLDING, LLC, its sole member

SIGNATURE:

BY: GALE AND WENTWORTH LICENSE HOLDING, INC.

3-7-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)