

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90062 029 ****61.25

DOCUMENT # 750117

1. Entity Name

GENTLE WORLD, INC.

Principal Place of Business

Mailing Address

85A KOHEO RD
 KULA HI 96790
 US

PO BOX 110
 PAIA HI 96743-4397
 US

2. Principal Place of Business

55-3334 Puu Mamo
 Suite, Apt. #, etc. Drive

3. Mailing Address

P.O. Box 238
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hawi, Hi

City & State

Kapaau, Hi 96755

4. FEI Number

59-1999433

Applied For

Not Applicable

Zip

96718

Country

USA

Zip

96755

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT, VOSTREJ JR
 7 EAST SILVER SPRINGS BLVD
 Ocala FL 32670

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	S	<input type="checkbox"/> Delete
NAME	GIBBON, JENNIFER	
STREET ADDRESS	85A KOHEO RD	
CITY-ST-ZIP	KULA HI 96790	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALDBAUM, BURTON	
STREET ADDRESS	85 A KOHEO RD	
CITY-ST-ZIP	KULA HI 96790	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEIL, KEVIN	
STREET ADDRESS	85 A KOHEO RD	
CITY-ST-ZIP	KULA HI 96790	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALDBAUM, MERLE	
STREET ADDRESS	85 A KOHEO RD	
CITY-ST-ZIP	KULA HI 96790	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARLENE WALDBAUM Apr 27, 2000 (808) 884-5551
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)