

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90236 010 \*\*\*\*61.25

**DOCUMENT # 750117**

1. Entity Name

**GENTLE WORLD, INC.**

Principal Place of Business

Mailing Address

553334 PUU MANIO DRIVE  
 HAWAII NATIONAL PARK HI 96718  
 US

PO BOX 238  
 KAPAAU HI 96755  
 US

2. Principal Place of Business

3. Mailing Address

55-3334 Puu Mamodr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Kapaaui, HI

City & State

City & State

96755 US

Zip

Country

Zip

Country

4. FEI Number

59-1999433

Applied For

Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
 min. will be \$236.25.

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	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		

TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gibson, Jennifer	
STREET ADDRESS	55-3334 Puu Mamodr.	
CITY-ST-ZIP	Kapaaui HI, 96755	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	55-3334 Puu Mamodr.	
CITY-ST-ZIP	Kapaaui, HI 96755	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	55-3334 Puu Mamodr.	
CITY-ST-ZIP	Kapaaui, HI 96755	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	55-3334 Puu Mamodr.	
CITY-ST-ZIP	Kapaaui, HI 96755	
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: Jennifer Gibson Jennifer Gibson 9/2/02 (808) 884-5551

CR2E037 (4/02)