

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003407

1. Entity Name

GLW MEMBER, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90037 042 ***150.00

Principal Place of Business

Mailing Address

140 ROYAL PALM WAY, SUITE 200
BEACH FL 33480

% CHOPIN, MILLER & YUDENFREUND
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480-4142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA

4. FEI Number

65-0843379

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

MILLER, JACQUELINE S
% CHOPIN, MILLER & YUDENFREUND
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480

Name

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

505 S. Flagler Drive, Suite 300

City

West Palm Beach

FL

Zip Code

33401

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS	ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
CPST		<input type="checkbox"/>		GEORGAS, JOHN W	% CHOPIN, MILLER-400 ROYAL PALM WAY #200	PALM BEACH FL 33480		
D		<input type="checkbox"/>		MILLER, JACQUELINE S	% CHOPIN, MILLER-400 ROYAL PALM WAY #200	PALM BEACH FL 33480		
D		<input type="checkbox"/>		CHOPIN, L. FRANK	% CHOPIN, MILLER-400 ROYAL PALM WAY #200	PALM BEACH FL 33480		
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

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

3/2/00

(561) 655-9500

Date

Daytime Phone #

CR2E034 (9/99)