

2001 UNIFORM BUSINESS REPORT (UBR)

0280272

DOCUMENT # F98000003407

1. Entity Name

GLW MEMBER, INC.

FILED

01 APR -4 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

505 S FLAGLER DR
SUITE 300
WEST PALM BEACH FL 33401

505 S FLAGLER DR
SUITE 300
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0843379

Applied For
Not Applicable

Zip

Country

Zip

Country

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
505 S FLAGLER DR
SUITE 300
WEST PALM BEACH FL 33401

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CPST
GEORGAS, JOHN W
505 S FLAGLER DR STE 300
WEST PALM BEACH FL 33401 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GEORGAS, JOHN W.
505 S. FLAGLER DRIVE, SUITE 300
WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLER, JACQUELINE S
505 S FLAGLER DR STE 300
WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003962778-3
-04/06/01--01066--001.70
****270.00 *****81.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHOPIN, L. FRANK
505 S FLAGLER DR STE 300
WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003962778-3
-04/06/01--01066--002
*****81.00 *****81.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GEORGAS, GREGORY
250 AUSTRALIAN AVE, SUITE 1110
WEST PALM BEACH, FL 33401 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GEORGAS, WILLIAM
3700 STATE STREET, SUITE 200
SANTA BARBARA, CA 93105 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
GEORGAS, LAURA
551 MADISON AVENUE, 2ND FLOOR
NEW YORK, NY 10022 ☐ Change ☒ Addition

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

2/13/01

Date

Daytime Phone #

(581) 835-0045

CR2E034 (10/00)