

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:35

DOCUMENT # F98000003407

1. Entity Name

GLW MEMBER, INC.



Principal Place of Business

3700 STATE STREET
SUITE 200
SANTA BARBARA FL 93105

Mailing Address

3700 STATE STREET
SUITE 200
SANTA BARBARA FL 93105

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

65-0843379

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

AVIS, WARREN E JR
125 WORTH AVE, SUITE 221
PALM BEACH FL 33480

Name

Avis, Warren E. Jr.

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

125 WORTH AVENUE, SUITE 203

AVIS & AVIS, P.A.

City

Palm Beach

FL

Zip Code
33480

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GEORGAS, JOHN W
STREET ADDRESS 125 WORTH AVENUE, SUITE 221
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☒ Change ☐ Addition
NAME Georgas, John W.
STREET ADDRESS 125 WORTH AVENUE, SUITE 203
CITY-ST-ZIP Palm Beach, FL 33480

TITLE VP ☐ Delete
NAME GEORGAS, WILLIAM
STREET ADDRESS 509 MADISON AVENUE STE 1916
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000030565950
03/16/04--01063--031 **250.00

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

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

TITLE P ☐ Delete
NAME GEORGAS, GREGORY
STREET ADDRESS 125 WORTH AVENUE, SUITE 221
CITY-ST-ZIP PALM BEACH FL 33480

TITLE P ☒ Change ☐ Addition
NAME Georgas, Gregory
STREET ADDRESS 125 WORTH AVENUE, SUITE 203
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ST ☐ Delete
NAME CARR, LAURA G
STREET ADDRESS 509 MADISON AVENUE, STE 1916
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/04
Date

561-659-0200
Daytime Phone #