

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90009 023 \*\*\*150.00

**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

1st MOORE

CR2E034 (10/04)

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

AVIS, WARREN E JR  
125 WORTH AVE, SUITE 203  
PALM BEACH FL 33480

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. 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, 2005 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

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

TITLE P ☐ Delete  
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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP ☒ Change ☐ Addition  
NAME Georgas, William  
STREET ADDRESS 3 Manhattanville Road, Suite 201  
CITY-ST-ZIP Purchase, NY 10577

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

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

TITLE ST ☒ Change ☐ Addition  
NAME Carr, Laura G  
STREET ADDRESS 3 Manhattanville Road, Suite 201  
CITY-ST-ZIP Purchase, NY 10577

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:

*Gregory Georgas*

Gregory Georgas 02-23-05 (561) 659-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #