

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90155 039 ***150.00

DOCUMENT # J44302

1. Entity Name
GARDEN WALK, INC.

Principal Place of Business
GLEASON MOORE
~~8200 MILITARY TRL.~~
~~PALM BCH GARDENS FL 33410~~
 US

Mailing Address
MARIAN DELURY
~~8200 MILITARY TRL.~~
 8200 MILITARY TRL.
 PALM BCH GARDENS FL 33410-6398
 US



DO NOT WRITE IN THIS SPACE

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	59-2778986	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMERMAN, DAN
291 SPRING CIRCLE
PALM BCH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name: **GLEASON MOORE**
 Street Address (P.O. Box Number is Not Acceptable):
364 N. Four Seasons Rd.
 City: **Palm Beach Gardens** FL Zip Code: **33410**

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: *Gleason Moore* **GLEASON MOORE** DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Delete
NAME	SIMMERMAN, DAN	NAME	Pres. GLEASON MOORE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	291 SPRING CIRCLE	STREET ADDRESS	364 No. 4 Seasons Rd.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	Palm Beach Gardens, Fl. 33410
TITLE	V.	TITLE	<input checked="" type="checkbox"/> Delete
NAME	LUGG, POLLY	NAME	V.P. ADRIENNE MIELE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	273 SPRING CIRCLE	STREET ADDRESS	440 Autumn Trail
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	Palm Beach Gardens Fl. 33410
TITLE	S	TITLE	<input checked="" type="checkbox"/> Delete
NAME	REINA, JOANN	NAME	Secy. MARIAN DELURY <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	93 S FOUR SEASONS	STREET ADDRESS	434 W. 4 Seasons Rd.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	Palm Beach Gardens, Fl. 33410
TITLE	SD	TITLE	<input checked="" type="checkbox"/> Delete
NAME	KLEMENTOWSKI, PETER	NAME	SD PETER KLEMENTOWSKI <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	282 SPRING CIRCLE	STREET ADDRESS	282 Spring Circle
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	Palm Beach Gardens Fl. 33410
TITLE	T	TITLE	<input checked="" type="checkbox"/> Delete
NAME	DARR, ELEANOR	NAME	Treas. HELLENE FOURNIER <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	284 SPRING CIRCLE	STREET ADDRESS	210 No. 4 Seasons Rd.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	Palm Beach Gardens, Fl. 33410
TITLE	D	TITLE	<input checked="" type="checkbox"/> Delete
NAME	SAMSON, GERALD	NAME	D AUDREY MIKLOS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	271 SPRING CIRCLE	STREET ADDRESS	252 Fall Circle
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	Palm Beach Gardens, Fl. 33410

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 or other like empowered.

SIGNATURE: *Gleason Moore* **GLEASON MOORE** Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR