

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90380 023 ***150.00

DOCUMENT # J44302

1. Entity Name

GARDEN WALK, INC.

Principal Place of Business

**C/O DAN SIMMERMAN
 8200 MILITARY TRL.
 PALM BCH.GARDENS FL 33410
 US**

Mailing Address

**JOANN REINA
 8200 MILITARY TRL.
 PALM BCH.GARDENS FL 33410
 US**

2. Principal Place of Business

C/O GLEASON MOORE

Suite, Apt. #, etc.

8200 MILITARY TRL.

City & State

PALM BEACH GARDENS FL

Zip

33410

Country

US

3. Mailing Address

C/O MARIAN DELURY

Suite, Apt. #, etc.

8200 MILITARY TRL.

City & State

PALM BEACH GARDENS

Zip

33410

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2778986**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MOORE, GLEASON
 364 N FOUR SEASONS RD
 PALM BCH GARDENS FL 33410**

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.

SIGNATURE

Gleason Moore
 Signature, typed or printed name of registered agent and title if applicable.

GLEASON MOORE
 (NOTE: Registered Agent signature required when reinstating)

3/24/01
 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, GLEASON	
STREET ADDRESS	364 NO. 4 SEASONS RD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MIELE, ADRIENNE	
STREET ADDRESS	440 AUTUMN TRAIL	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DELURY, MARIAN	
STREET ADDRESS	434 W. 4 SEASONS RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLEMENTOWSKI, PETER	
STREET ADDRESS	282 SPRING CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FOURNIER, HELLENE	
STREET ADDRESS	210 NO. 4 SEASONS RD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIKLOS, AUDREY	
STREET ADDRESS	252 FALL CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELURY, MARIAN	
STREET ADDRESS	434 W FOUR SEASONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEMBICKI, PAT	
STREET ADDRESS	217 N. FOUR SEASONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, DONNA	
STREET ADDRESS	178 SUMMER WIND TRAIL	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUOZZI, JOE	
STREET ADDRESS	21 S FOUR SEASONS	
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 all other like empowered.

SIGNATURE:

Gleason Moore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GLEASON MOORE *3/24/01* (561) 622-7792

CR2E034 (10/00)

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