

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012703

1. Entity Name

GL VENTURES, LLC

FILED

01 OCT 22 PM 12:17

Principal Place of Business

2255 GLADES RD. STE 324-A
BOCA RATON FL 33431

Mailing Address

2255 GLADES RD. STE 324-A
BOCA RATON FL 33431

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, DAVID A
2255 GLADES RD. STE 324-A
BOCA RATON FL 33431

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. ~~MANAGER~~ MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MANAGER~~ President ☐ Delete
NAME David Wallace
STREET ADDRESS 3015 S. Ocean Blvd
CITY-ST-ZIP Highland Beach, FL 33487

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

TITLE ~~MANAGER~~ Vice President ☐ Delete
NAME Timothy Stockdale
STREET ADDRESS 2484 Eagle Watch Ct
CITY-ST-ZIP Weston, FL 33327

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/24/01

800-276-5712

CR2E083 (5/01)