

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000664

1. Entity Name

GLW PROPERTIES, L.L.C.

Principal Place of Business

440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480

Mailing Address

440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480-4142

2. Principal Place of Business

505 S. Flagler Drive

3. Mailing Address

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip
33401

Country
USA

Zip
33401

Country
USA

4. FEI Number

65-0843335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JACQUELINE S
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

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

505 S. Flagler Drive, Suite 300

City

West Palm Beach

FL

Zip Code
33401

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GLW MEMBER, INC.
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
505 S. Flagler Drive, Suite 300
West Palm Beach, FL 33401 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000003179270--8
-03/22/00--01020--012
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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 OR MANAGER

Date

(561) 655-9500

Daytime Phone #

CR2E083 (9/99)