

2002 UNIFORM BUSINESS REPORT (UBR)

0014361

DOCUMENT # M98000000664

1. Entity Name

GLW PROPERTIES, L.L.C.

APPROVED
AND
FILED

02 MAY 23 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

505 S. FLAGLER DRIVE, SUITE 300
WEST PALM BEACH FL 33401

Mailing Address

505 S. FLAGLER DRIVE, SUITE 300
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3700 STATE STREET

Suite, Apt. #, etc.

SUITE 200

City & State

SANTA BARBARA, CA

Zip

93105

Country

USA

3. Mailing Address

3700 STATE STREET

Suite, Apt. #, etc.

SUITE 200

City & State

SANTA BARBARA, CA

Zip

93105

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
505 S. FLAGLER DRIVE, SUITE 300
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

AVIS JR., WARREN E

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

125 NORTH AVE, STE 221

AVIS E AVIS PA.

City

PALM BEACH

FL

Zip Code

33480

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

5/16/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GLW MEMBER, INC.
505 S. FLAGLER DRIVE, SUITE 300
WEST PALM BEACH FL 33401 ☐ 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
MGRM
GLW MEMBER, INC
125 NORTH AVENUE, SUITE 221
PALM BEACH, FL 33480 ☒ 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
700005599897-8
-05/23/02--01051--014
****650.00 *****50.00 ☐ 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

5/16/02

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

Date

Daytime Phone #

CR2E083 (9/01)