

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000677

1. Entity Name

GLW PROPERTIES NORTH, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:03



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business 505 S. Flagler Drive Suite, Apt. #, etc. Suite 300 City & State West Palm Beach, FL Zip 33401 Country USA	3. Mailing Address 505 S. Flagler Drive Suite, Apt. #, etc. Suite 300 City & State West Palm Beach, FL Zip 33401 Country USA
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4. FEI Number 65-0846333	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, JACQUELINE S 440 ROYAL PALM WAY SUITE 200 PALM BEACH FL 33480
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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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	<i>mf 3/16/00</i>
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9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GLW MEMBER, INC. 292 SOUTH COUNTY ROAD, SUITE 100 PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* *2/4/00* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E083 (9/99)