

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93602 001 ***150.00

DOCUMENT # M98000000677

1. Entity Name

GLW PROPERTIES NORTH, L.L.C.

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**

2. Principal Place of Business

3700 STATE STREET

3. Mailing Address

3700 STATE STREET

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

SANTA BARBARA, CA

City & State

SANTA BARBARA, CA

Zip

93105

Country

USA

Zip

93105

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0846333

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 WORTH AVE STE 221

AVIS & 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 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 **MGRM** ☐ Delete
 NAME **GLW MEMBER, INC.**
 STREET ADDRESS **292 SOUTH COUNTY ROAD, SUITE 100**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **GLW MEMBER, INC.**
 STREET ADDRESS **125 WORTH AVENUE, SUITE 221**
 CITY-ST-ZIP **PALM BEACH, FL 33480**

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

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

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

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)