

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000678

1. Entity Name  
GLW PROPERTIES WEST, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:03

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
505 S. Flagler Drive  
Suite, Apt. #, etc.  
Suite 300

3. Mailing Address  
505 S. Flagler Drive  
Suite, Apt. #, etc.  
Suite 300

City & State  
West Palm Beach, FL

City & State  
West Palm Beach, FL

Zip Country  
33401 USA

Zip Country  
33401 USA

4. FEI Number 65-0846334

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 FL Zip Code  
West Palm Beach, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

*mf 3/16/00*

## 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	505 S. Flagler Drive, Suite 300 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1.000003179251 -03/22/00--01020--008 *****50.00 *****50.00	<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**

*2/10/00*

(561) 655-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)