

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006558

1. Entity Name

FRIENDS OF GISELLE'S, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90039 002 \*\*\*\*70.00

Principal Place of Business

Mailing Address

11328 OKEECHOBEE, STE. 6  
ROYAL PALM BEACH FL 33411

11328 OKEECHOBEE, STE. 6  
ROYAL PALM BEACH FL 33411-8733

00043443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0977878

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MOLTER, MARTHA  
2825 HANCOCK CREEK RD.  
WEST PALM BEACH FL 33411

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOLTER, MARTHA P	
STREET ADDRESS	2825 HANCOCK CREEK RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIVERA, ZAIDA	
STREET ADDRESS	11817 52ND RD. NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, DEBBIE	
STREET ADDRESS	4337 STATE DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THARPE, ELLEN	
STREET ADDRESS	258 PONCE DE LEON ST.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/2000 561-790-0307