

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90486 034 ****70.00

DOCUMENT # N99000006558

1. Entity Name

FRIENDS OF GISELLE'S, INC.

Principal Place of Business

300 Royal Palm Bch Blvd.
~~14328 OKEECHOBEE STE. 6~~
ROYAL PALM BEACH FL 33411

Mailing Address

~~14328 OKEECHOBEE STE. 6~~
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

300 Royal Palm Bch Blvd

3. Mailing Address

300 Royal Palm Bch BL

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Royal Plm Bch FL

City & State

Royal Plm Bch FL

Zip

33411

Country

USA

Zip

33411

Country

USA

6. Name and Address of Current Registered Agent

~~MOLTER, MARTHA~~

~~2825 HANCOCK CREEK RD.~~
~~WEST PALM BEACH FL 33411~~

Ellen Thorpe
258 Ponce de Leon St
Royal Plm Bch, FL 33411

Name

Ellen Thorpe

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

258 Ponce de Leon St

City

Royal Plm Bch

FL

Zip Code 33411

7. Name and Address of New Registered Agent

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 **Ellen Thorpe** **Ellen Thorpe**

3/9/01

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

TITLE **PD** ☒ Delete
 NAME **MOLTER, MARTHA P**
 STREET ADDRESS **2825 HANCOCK CREEK RD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **VD** ☐ Delete
 NAME **RIVERA, ZAIDA**
 STREET ADDRESS **11817 52ND RD. NORTH**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **S** ☐ Delete
 NAME **HILL, DEBBIE**
 STREET ADDRESS **4337 STATE DR.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **TD** ☐ Delete
 NAME **THARPE, ELLEN**
 STREET ADDRESS **258 PONCE DE LEON ST.**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME **Maureen Copeland**
 STREET ADDRESS **2096 Weston Cir**
 CITY-ST-ZIP **RPB FL 33411**

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

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: **Ellen Thorpe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)