

**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. Suite A**  
 Mailing Address: ~~14328 OKEECHOBEE STE. 6~~ **ROYAL PALM BEACH FL 33411**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **300 Royal Palm Bch Blvd**  
 Suite, Apt. #, etc.: **A**

3. Mailing Address: **300 Royal Palm Bch BL**  
 Suite, Apt. #, etc.: **A**

City & State: **Royal Plm Bch FL**  
 Zip: **33411** Country: **USA**

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

7. Name and Address of New Registered Agent  
 Name: **Ellen Thorpe**  
 Street Address (P.O. Box Number is Not Acceptable): **258 Ponce de Leon ST**  
 City: **Royal Plm Bch** State: **FL** Zip Code: **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: **Ellen Thorpe** **Ellen Thorpe** DATE: **3/9/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	<input checked="" type="checkbox"/> Delete
NAME	<del>MOLTER, MARTHA P</del>	
STREET ADDRESS	<del>2825 HANCOCK CREEK RD.</del>	
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33411</del>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Maureen Copeland</b>	
STREET ADDRESS	<b>2096 Weston Cir</b>	
CITY-ST-ZIP	<b>RPB FL 33411</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 my address, with all other persons empowered.

SIGNATURE: **Ellen Thorpe** DATE: **3/9/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)