

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90024 019 \*\*\*150.00

**DOCUMENT # 364071**

1. Entity Name

- GL NATIONAL, INC.

Principal Place of Business

Mailing Address

9540 STATE ROAD 13  
 JACKSONVILLE FL 32241-627  
 US

PO BOX 23627  
 JACKSONVILLE FL 32241-3627  
 US

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

59-1305473

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

FOSTER, DAVID M.  
 1300 RIVERPLACE BLVD  
 JACKSONVILLE FL 32207

Name  
 FOSTER DAVID M

Street Address (P.O. Box Number is Not Acceptable)  
 9540 SAN JOSE BLVD

City  
 JACKSONVILLE,

FL

Zip Code  
 32257

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 *DAVID M FOSTER*

03/08/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
 NAME WILSON, KENNETH P.  
 STREET ADDRESS 9540 STATE ROAD 13  
 CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME LUKE, JOSEPH C.  
 STREET ADDRESS 9540 SAN JOSE BLVD  
 CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AS  Delete  
 NAME ANDERSON, ANTHONY A  
 STREET ADDRESS 1301 GULF LIFE DR  
 CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TAS  Delete  
 NAME GLAVIN, THOMAS M.  
 STREET ADDRESS 9540 SAN JOSE BLVD.  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME LUEDERS, JACK C JR  
 STREET ADDRESS 9540 STATE ROAD 13  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D/V/S  Change  Addition  
 NAME LUEDERS, JACK C JR  
 STREET ADDRESS 9540 SAN JOSE BLVD  
 CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D  Delete  
 NAME FOSTER, DAVID M.  
 STREET ADDRESS 1300 RIVERPLACE BLVD  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*JACK C LUEDERS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK C LUEDERS

02/22/00

Date

(904) 448-2910

Daytime Phone #

CR2E034 (9/99)