2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90176 001 ***100.00
04-26-2001 90176 002 ****50.00

40059

DO NOT WRITE IN THIS SPACE

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 32241-627 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. 9540 SAN JOSE BLVD JACKSONVILLE FL 32257	Name: MCCORMACK, JAMES E 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: J.E. McCormack — J.E. McCORMACK, SECRETARY — DATE: 4-16-01
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when changing)

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, 2001 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 NAME: WILSON, KENNETH P. STREET ADDRESS: 9540 STATE ROAD 13 CITY-ST-ZIP: JACKSONVILLE, FL 00000	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VD NAME: LUKE, JOSEPH C. STREET ADDRESS: 9540 SAN JOSE BLVD CITY-ST-ZIP: JACKSONVILLE, FL 00000	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: AS NAME: ANDERSON, ANTHONY A STREET ADDRESS: 1301 GULF LIFE DR CITY-ST-ZIP: JACKSONVILLE, FL 00000	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: TAS NAME: GLAVIN, THOMAS M. STREET ADDRESS: 9540 SAN JOSE BLVD. CITY-ST-ZIP: JACKSONVILLE FL	☐ Delete	TITLE: AT/AS NAME: GLAVIN, THOMAS M. STREET ADDRESS: 9540 SAN JOSE BLVD CITY-ST-ZIP: JACKSONVILLE, FL 32257	X Change ☐ Addition
TITLE: DVS NAME: LUEDERS, JACK C JR STREET ADDRESS: 9540 STATE ROAD 13 CITY-ST-ZIP: JACKSONVILLE FL	☐ Delete	TITLE: D/V/T/AS NAME: LUEDERS, JACK C JR STREET ADDRESS: 9540 SAN JOSE BLVD CITY-ST-ZIP: JACKSONVILLE, FL 32257	X Change ☐ Addition
TITLE: D NAME: FOSTER, DAVID M. STREET ADDRESS: 1300 RIVERPLACE BLVD CITY-ST-ZIP: JACKSONVILLE FL	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

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: J.E. McCormack — J.E. McCORMACK, SECRETARY — Date: 4-16-01 — Daytime Phone: 9044482910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Attachment

364071

#364071/40059

GL NATIONAL INC.
PO BOX 23627
JACKSONVILLE, FL 32241-3627

April 13, 2001

ATTACHMENT FOR DOCUMENT 364071

ADDITION:

NAME	TITLE
JAMES E. MCCORMACK	S