

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039256

1. Entity Name  
GCC WESTON HOTEL, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90066 010 \*\*\*150.00

Principal Place of Business  
10199 SOUTHSIDE BLVD  
SUITE 108  
JACKSONVILLE FL 32256

Mailing Address  
10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 330  
JACKSONVILLE FL 32256

2. Principal Place of Business  
10151 Deerwood Park Blvd.

3. Mailing Address

Suite, Apt. #, etc.  
Bldg. 100, Suite 330

Suite, Apt. #, etc.

City & State  
Jacksonville, Florida

City & State

Zip  
32256

Zip  
Country

4. FEI Number 59-3537964

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSON, KARL B III  
10151 DEERWOOD PARK BOULEVARD  
BUILDING 100, SUITE 330  
JACKSONVILLE FL 32256

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_

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 DP  
NAME MACSWAIN, ROBERT F  
STREET ADDRESS ONE MALAGA STREET  
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE D  
NAME ☒ Change ☐ Addition

TITLE DVP  
NAME CAREY, G. JOHN III  
STREET ADDRESS 10199 SOUTHSIDE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE DP  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 10151 Deerwood Park Blvd., Bldg. 100  
CITY-ST-ZIP Jacksonville, FL 32256 Suite 330

TITLE VP  
NAME EDDINS, HEIDI J  
STREET ADDRESS ONE MALAGA STREET  
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE S  
NAME HANSON, KARL B III  
STREET ADDRESS 10199 SOUTHSIDE BLVD., #108  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE ☒ Change ☐ Addition  
STREET ADDRESS 10151 Deerwood Park Blvd., Bldg. 100  
CITY-ST-ZIP Jacksonville, FL 32256 Suite 330

TITLE T  
NAME THOMPSON, MENDY  
STREET ADDRESS 10199 SOUTHSIDE BLVD., #108  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE VT  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 10151 Deerwood Park Blvd., Bldg. 100  
CITY-ST-ZIP Jacksonville, FL 32256 Suite 330

TITLE AS  
NAME WHITLATCH, SUSAN G  
STREET ADDRESS 1650 PRUDENTIAL DRIVE, #400  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ Delete

TITLE V  
NAME Steven A. Stattner  
STREET ADDRESS 2400 North Commerce Pkwy., Ste. 405  
CITY-ST-ZIP Weston, FL 33326 ☐ 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)