

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 013878

1. Entity Name
GTC, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90461 045 ***150.00

00035256



DO NOT WRITE IN THIS SPACE

Principal Place of Business
502 FIFTH STREET
STE 400
PORT ST JOE FL 32456
US

Mailing Address
P.O. BOX 220
PORT ST JOE FL 32457
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 59-0432770

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

ELLMER, MARK R
502 FIFTH STREET
SUITE 400
PORT ST JOE FL 32456

Name James B. Faison

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

502 Cecil Costin Boulevard

City Port St. Joe, FL

FL

Zip Code 32456

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 Vice President, Administration 4/3/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D BERGSTEIN, DANIEL G 502 CECIL G COSTIN SR. BLVD. PORT SAINT JOE FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer Jack H. Thomas 502 Cecil Costin Boulevard Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATELICH, GEORGE E 502 CECIL G COSTIN SR. BLVD. PORT SAINT JOE FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer John P. Duda 502 Cecil Costin Boulevard Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYNUM, FRANK K JR. 502 CECIL G COSTIN SR. BLVD. PORT SAINT JOE FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer & Sec. Walter E. Leach, Jr. 502 Cecil Costin Boulevard Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINOVI, ANTHONY J 502 CECIL G COSTIN SR. BLVD. PORT SAINT JOE FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Controller Lisa R. Hood 502 Cecil Costin Boulevard Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELDON, KENT R 502 CECIL G COSTIN SR. BLVD. PORT SAINT JOE FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John H. Vaughan 502 Cecil Costin Boulevard Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Admin. James B. Faison 502 Cecil Costin Boulevard Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

4/3/01

Date

(850) 229-7322

Daytime Phone #

CR2E034 (10/00)