

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90039 001 \*1,500.00

**DOCUMENT # 284777**

1. Entity Name

**G-C SERVICE COMPANY, INC. - TECO STEVEDORING SERVICES, INC.**

Principal Place of Business

Mailing Address

702 N FRANKLIN ST  
 SUITE 900  
 TAMPA FL 33602  
 US

702 N FRANKLIN ST  
 SUITE 900  
 TAMPA FL 33602-4429  
 US

2. Principal Place of Business

c/o D. E. SCHWARTZ

3. Mailing Address

c/o D. E. SCHWARTZ

Suite, Apt. #, etc.

702 N FRANKLIN ST

Suite, Apt. #, etc.

P.O. BOX 111

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33602-4429

Country

US

Zip

33601-0111

Country

US

4. FEI Number

59-1059842

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

BRESNAHAN, T.M.  
 702 N FRANKLIN ST  
 SUITE 900  
 TAMPA FL 33602

Name

MCDEVITT, S. M.

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

702 N FRANKLIN ST

City

TAMPA

FL

Zip Code

33602

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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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 RANKIN, D.J.  
 STREET ADDRESS 702 N FRANKLIN ST #900  
 CITY-ST-ZIP TAMPA, FL 0

TITLE PD ☐ Change ☒ Addition  
 NAME RAMIL, J. B.  
 STREET ADDRESS 702 N FRANKLIN ST  
 CITY-ST-ZIP TAMPA FL 33602

TITLE ATVD ☒ Delete  
 NAME BRESNAHAN, T M  
 STREET ADDRESS 702 N FRANKLIN ST #900  
 CITY-ST-ZIP TAMPA, FL 00000

TITLE VD ☐ Change ☒ Addition  
 NAME WHALE, W. T.  
 STREET ADDRESS 702 N FRANKLIN ST  
 CITY-ST-ZIP TAMPA FL 33602

TITLE S ☐ Delete  
 NAME SCHWARTZ, D.E.  
 STREET ADDRESS 702 N FRANKLIN ST  
 CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T ☐ Delete  
 NAME GILLETTE, G.L.  
 STREET ADDRESS 702 N. FRANKLIN ST  
 CITY-ST-ZIP TAMPA FL 33602

TITLE TD ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AC ☒ Delete  
 NAME HASTINGS, ROBIN  
 STREET ADDRESS 702 N FRANKLIN ST #900  
 CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*[Signature]* D. E. Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

813-225-1808

Daytime Phone #

CR2E034 (9/99)