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

400059

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

FOSTER, DAVID M.
9540 SAN JOSE BLVD
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

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: [signature] 4-16-01
(Required, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when changing) 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	PD WILSON, KENNETH P. 9540 STATE ROAD 13 JACKSONVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LUKE, JOSEPH C. 9540 SAN JOSE BLVD JACKSONVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ANDERSON, ANTHONY A 1301 GULF LIFE DR JACKSONVILLE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAS GLAVIN, THOMAS M. 9540 SAN JOSE BLVD. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT/AS GLAVIN, THOMAS M. 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS LUEDERS, JACK C JR 9540 STATE ROAD 13 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V/T/AS LUEDERS, JACK C JR 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, DAVID M. 1300 RIVERPLACE BLVD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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

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