

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90165 039 ***150.00

0032905 AV

DOCUMENT # 364071

1. Entity Name
GL NATIONAL, INC.

Principal Place of Business
9540 STATE ROAD 13
JACKSONVILLE FL 32241-627
US

Mailing Address
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

4. FEI Number **59-1305473**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MCCORMACK, JAMES E
9540 SAN JOSE BLVD
JACKSONVILLE FL 32257

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 *J.E. McCormack*
 Signature typed or printed name of registered agent and title if applicable.

J.E. MCCORMACK, SECRETARY

(NOTE: Registered Agent signature required when reinstating)

4-19-02

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, 2002 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	PD WILSON, KENNETH P.	<input type="checkbox"/> Delete
STREET ADDRESS	9540 STATE ROAD 13	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE NAME	VD LUKE, JOSEPH C.	<input type="checkbox"/> Delete
STREET ADDRESS	9540 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE NAME	AS ANDERSON, ANTHONY A	<input type="checkbox"/> Delete
STREET ADDRESS	1301 GULF LIFE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE NAME	TAS GLAVIN, THOMAS M.	<input type="checkbox"/> Delete
STREET ADDRESS	9540 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	DVS LUEDERS, JACK C JR	<input type="checkbox"/> Delete
STREET ADDRESS	9540 STATE ROAD 13	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	D FOSTER, DAVID M.	<input type="checkbox"/> Delete
STREET ADDRESS	1300 RIVERPLACE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *J.E. McCormack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.E. MCCORMACK, SECRETARY

4/19/02
 Date

904-448-2910
 Daytime Phone #

CR2E034 (9/01)

Attachment & Doett 364071
778361

Document # 364071

GL NATIONAL, INC.

Addition to Officers:

AS
Gwaltney, Joseph F Jr.
9540 San Jose Blvd
Jacksonville, FL 32257

S
McCormack, James E
9540 San Jose Blvd
Jacksonville, FL 32257