

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90074 021 \*\*\*150.00

DOCUMENT # F96000000531

1. Entity Name

GTC FINANCE CORPORATION

Principal Place of Business

502 FIFTH STREET  
PT ST JOE FL 32456

Mailing Address

P.O. BOX 1007  
PORT ST JOE FL 32457

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 75-2642940

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, R. MARK  
502 FIFTH STREET  
PT ST JOE FL 32456

Name JAMES B. FAISON

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

502 FIFTH STREET

City PORT ST. JOE

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

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 PD ☐ Delete  
NAME LEWIS, JOHN M  
STREET ADDRESS 502 FIFTH STREET  
CITY-ST-ZIP PT ST JOE FL 32456

TITLE CHIEF EXECUTIVE OFFICER ☒ Change ☐ Addition  
NAME JACK H. THOMAS  
STREET ADDRESS 502 FIFTH ST.  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE VPTS ☐ Delete  
NAME DI PAULI, ROBERT V  
STREET ADDRESS 502 FIFTH STREET  
CITY-ST-ZIP PT ST JOE FL 32456

TITLE JOHN P. DUDA ☒ Change ☐ Addition  
NAME CHIEF OPERATING OFFICER  
STREET ADDRESS 502 FIFTH ST.  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE VPD ☐ Delete  
NAME VAUGHAN, JOHN H  
STREET ADDRESS 502 FIFTH STREET  
CITY-ST-ZIP PT ST JOE FL 32456

TITLE CHIEF FINANCIAL OFFICER ☒ Change ☐ Addition  
NAME WALTER E. LEACH, JR  
STREET ADDRESS 502 FIFTH ST.  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE VP ☐ Delete  
NAME FAISON, JAMES B  
STREET ADDRESS 502 FIFTH STREET  
CITY-ST-ZIP PT ST JOE FL 32456

TITLE VICE PRESIDENT: CONTROLLER ☒ Change ☐ Addition  
NAME LISA R. HOOD  
STREET ADDRESS 502 FIFTH ST.  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE AS ☐ Delete  
NAME ELLMER, R. MARK  
STREET ADDRESS 502 FIFTH STREET  
CITY-ST-ZIP PT ST JOE FL 32456

TITLE JOHN H. VAUGHAN ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS 502 FIFTH ST  
CITY-ST-ZIP PORT ST JOE, FL 32456

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT, ADMIN ☒ Change ☐ Addition  
NAME JAMES B FAISON  
STREET ADDRESS 502 FIFTH ST.  
CITY-ST-ZIP PORT ST JOE, FL 32456

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) 224-7322

Daytime Phone #

CR2E034 (10/00)