

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009007

1. Entity Name
G.C., LLC

Principal Place of Business
200 AVIATION DRIVE NORTH, SUITE 4
NAPLES FL 34104

Mailing Address
200 AVIATION DRIVE NORTH, SUITE 4
NAPLES FL 34104

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 59-3683692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDEN, CHRISTIAN B ESQUIRE
GULF COAST NATIONAL BANK
3838 TAMiami TRAIL NORTH, SUITE 416
NAPLES FL 34103

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME PCEO
STREET ADDRESS JOHNSON, JOEL T JR
CITY-ST-ZIP 200 AVIATIO DR. NORTH, SUITE #4
NAPLES FL 34104 ☒ Delete

TITLE
NAME Larry J. Gode ☐ Change ☒ Addition
STREET ADDRESS 5675 Strand Ct #3
CITY-ST-ZIP Naples, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME 200005727472-0
STREET ADDRESS -06/10/02--01013--015
CITY-ST-ZIP *****200.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

5/10/02

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CR2E083 (9/01)

FILED

02 JUN 10 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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