

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000808

1. Entity Name
GNA PERFORMANCE SOLUTIONS, LLC

Principal Place of Business
3599 UNIVERSITY BLVD., SOUTH, SUITE B
JACKSONVILLE FL 32216

Mailing Address
3599 UNIVERSITY BLVD., SOUTH, SUITE B
JACKSONVILLE FL 32216

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 59-3640147 APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEIGER, ALLAN T
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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)

800004420878--5
-06/14/01--01104--016
*****50.00 *****50.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D/C
Hutton, Donald H.
3599 University Blvd., S.
Jacksonville, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D/S/T
VanCleave, Bruce L.
34605 Twelve Mile Rd.
Farmington Hills, MI 48331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D
Beyer, Robert
801 E. LaSalle St.
South Bend, IN 46617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
P
Nederveld, Gary L.
950 Taylor Ave.
Grand Haven, MI 49417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
V/S/T
Baer, Douglas M.
3599 University Blvd., S.
Jacksonville, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D
Cusick, W. Patrick
4827 Phillips Hwy.
Jacksonville, FL 32207

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/01

904-858-7474

Date

Daytime Phone #

CR2E083 (11/00)

0002791 AF

FILED

01 MAY 21 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

GNA PERFORMANCE SOLUTIONS, LLC

TITLE: D

Bruce M. Johnson
121 W. Forsyth St.
Jacksonville, FL 32201

TITLE: D

Gary W. Sneed
116 Carriage Lamp Way
Ponte Vedra Beach, FL 32082