

2/4/02-1

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90108 040 ****50.00

DOCUMENT # MO1000001570

1. Entity Name

GFS JACKSONVILLE LLC

Principal Place of Business

C/O PINNACLE REALTY MANAGEMENT COMPANY
 401 2ND AVENUE SOUTH, STE. 110
 SEATTLE WA 98104

Mailing Address

C/O PINNACLE REALTY MANAGEMENT COMPANY
 401 2ND AVENUE SOUTH, STE. 110
 SEATTLE WA 98104

2. Principal Place of Business

2801 Alaskan way
 Suite, Apt. #, etc.
200

3. Mailing Address

2801 Alaskan way
 Suite, Apt. #, etc.
200

City & State

Seattle WA
 98121
 Country
USA

City & State

Seattle WA
 98121
 Country
USA

4. FEI Number **91-2123223**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☒ manager / member ☐ Delete
 NAME **John Goodman**
 STREET ADDRESS **2801 Alaskan way #200**
 CITY-ST-ZIP **Seattle WA 98121**

TITLE ☒ manager / member ☐ Delete
 NAME **Stan Harrelson**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ member ☐ Delete
 NAME **Peter McDaniel**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ member ☐ Delete
 NAME **Brad Hescock**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
 NAME **manager John Goodman**
 STREET ADDRESS **2801 Alaskan way #200**
 CITY-ST-ZIP **Seattle WA 98121**

TITLE ☐ Change ☒ Addition
 NAME **manager Stan Harrelson**
 STREET ADDRESS **2801 Alaskan way #200**
 CITY-ST-ZIP **Seattle WA 98121**

TITLE ☐ Change ☒ Addition
 NAME **member Peter McDaniel**
 STREET ADDRESS **501 S New York Ave #200**
 CITY-ST-ZIP **Winter Park FL 32789**

TITLE ☐ Change ☒ Addition
 NAME **member Brad Hescock**
 STREET ADDRESS **7018 Lathimore Dr**
 CITY-ST-ZIP **Dallas TX 75252**

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

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

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

1/8/02

Date

206-215-9749

Daytime Phone #

CR2E083 (9/01)