

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90124 004 ***150.00

DOCUMENT # P98000039256

1. Corporation Name

GCC WESTON HOTEL, INC.

Principal Place of Business

1650 PRUDENTIAL DRIVE SUITE 400
JACKSONVILLE FL 32207

Mailing Address

1650 PRUDENTIAL DRIVE SUITE 400
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1998

4. FEI Number

59-3537964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES
777 SOUTH FLAGLER DRIVE SUITE 500 EAST
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Alison D. Kennedy

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

1650 Prudential Drive, Ste. 400

83

84 City

Jacksonville,

FL

85 Zip Code

32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Alison D. Kennedy*
Signature, typed or printed name of registered agent and title if applicable.

Alison D. Kennedy, VP
(NOTE: Registered Agent signature required when reinstating)

4-13-99
DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/P

☐ Change

☒ Addition

1.2 NAME

David D. Fitch

1.3 STREET ADDRESS

1650 Prudential Drive, Ste. 400

1.4 CITY-ST-ZIP

Jacksonville, FL 32207

2.1 TITLE

D/VP

☐ Change

☒ Addition

2.2 NAME

G. John Carey, III

2.3 STREET ADDRESS

1650 Prudential Dr., Ste. 400

2.4 CITY-ST-ZIP

Jacksonville, FL 32207

3.1 TITLE

VP/T

☐ Change

☒ Addition

3.2 NAME

Michael N. Regan

3.3 STREET ADDRESS

1650 Prudential Drive, Ste. 400

3.4 CITY-ST-ZIP

Jacksonville, Florida 32207

4.1 TITLE

VP/S

☐ Change

☒ Addition

4.2 NAME

Alison D. Kennedy

4.3 STREET ADDRESS

1650 Prudential Drive, Ste. 400

4.4 CITY-ST-ZIP

Jacksonville, FL 32207

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alison D. Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alison D. Kennedy, VP 904 396-6600 4-13-99
Date Daytime Phone #

CR2E034 (11/98)