

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039256

1. Entity Name

GCC WESTON HOTEL, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90061 009 ***150.00

Principal Place of Business

Mailing Address

1650 PRUDENTIAL DRIVE SUITE 400
JACKSONVILLE FL 32207

1650 PRUDENTIAL DRIVE SUITE 400
JACKSONVILLE FL 32207-8166

2. Principal Place of Business

10199 Southside Blvd

3. Mailing Address

10199 Southside Blvd

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

Suite 108 - Attn. Legal Dept

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3537964

Applied For

Not Applicable

Zip

Country

32256 U.S.

Zip

Country

32256 U.S.

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

KENNEDY, ALISON D
1650 PRUDENTIAL DRIVE, STE #400
JACKSONVILLE FL 32207

Name

Karl B. Hanson, III

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

10199 Southside Blvd., #108

City

Jacksonville

FL

Zip Code

32256

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]

Karl B. Hanson, III

4-18-00

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, 2000 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	DP	<input checked="" type="checkbox"/> Delete
NAME	FITCH, DAVID D	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CAREY, G. JOHN III	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	REGAN, MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, ALISON D	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D / P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert F. MacSwain	
STREET ADDRESS	One Malaga Street	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D/EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10199 Southside Street	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heidi J. Eddins	
STREET ADDRESS	One Malaga Street	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karl B. Hanson, III	
STREET ADDRESS	10199 Southside Blvd., #108	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mendy Thompson	
STREET ADDRESS	10199 Southside Blvd. #108	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan G. Whitlatch	
STREET ADDRESS	1650 Prudential Drive, #400	
CITY-ST-ZIP	Jacksonville, FL 32207	

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]* Susan G. Whitlatch, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 904.858.5236

Date

Daytime Phone #

CR2E034 (9/99)