

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039262

1. Entity Name

GCC WESTON OFFICE, INC.

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

04-26-2000 90061 007 ***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

Jacksonville FL

City & State

Jacksonville FL

Zip

32256

Country

U.S.

Zip

32256

Country

U.S.

4. FEI Number

59-3537962

Applied For

Not Applicable

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 Karl B. Hanson, III

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

(NOTE: Registered Agent signature required when reinstating)

4-18-2000

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 ☒ Delete
NAME FITCH, DAVID D
STREET ADDRESS 1650 PRUDENTIAL DR, STE #400
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D / P ☐ Change ☒ Addition
NAME Robert F. MacSwain
STREET ADDRESS One Malaga Street
CITY-ST-ZIP St. Augustine, FL 32084

TITLE DVP ☐ Delete
NAME CAREY, G. JOHN III
STREET ADDRESS 1650 PRUDENTIAL DR, STE #400
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D/EVP ☒ Change ☐ Addition
NAME 10199 Southside Blvd., Suite 108
STREET ADDRESS Jacksonville, FL 32256
CITY-ST-ZIP

TITLE VPS ☒ Delete
NAME KENNEDY, ALISON D
STREET ADDRESS 1650 PRUDENTIAL DR, STE #400
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VP ☐ Change ☒ Addition
NAME Heidi J. Eddins
STREET ADDRESS One Malaga Street
CITY-ST-ZIP St. Augustine, FL 32084

TITLE VPT ☒ Delete
NAME REGAN, MICHAEL N
STREET ADDRESS 1650 PRUDENTIAL DR, STE #400
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE S ☐ Change ☒ Addition
NAME Karl B. Hanson, III
STREET ADDRESS 10199 Southside Blvd., Suite 108
CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition
NAME Susan G. Whitlatch
STREET ADDRESS 1650 Prudential Drive, #400
CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Mendy Thompson
STREET ADDRESS 10199 Southside Blvd. 108
CITY-ST-ZIP Jacksonville, FL 32256

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:

Susan G. Whitlatch, Assistant Secretary

Date

Daytime Phone #

4-18-00 904.858.5236

CR2E034 (9/99)