

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039275

1. Entity Name

GCC WESTON HOLDINGS, INC.

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

04-26-2000 90061 010 \*\*\*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

US

4. FEI Number

59-3537967

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 DR, 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

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*  
Karl B. Hanson, III

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-00

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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*  
Susan G. Whitlatch, Assistant Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 904.858.5236

CR2E034 (9/99)