
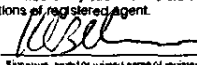



**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000039275 1. Entity Name GCC WESTON HOLDINGS, INC.		
Principal Place of Business 10151 DEERWOOD PARK BLVD BLDG. 100, STE 330 JACKSONVILLE, FL 32256		Mailing Address 10151 DEERWOOD PARK BLVD. BUILDING 100, SUITE 330 JACKSONVILLE, FL 32256
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 59-3537987		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HANSON, KARL B III 10151 DEERWOOD PARK BOULEVARD BUILDING 100, SUITE 330 JACKSONVILLE, FL 32256		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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE: 		
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appearing)</small>		DATE: _____
FILE NOW WITH FEE IS \$160.00 After May 7, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D <input type="checkbox"/> Delete NAME: MACSWAIN, ROBERT F STREET ADDRESS: ONE MALAGA STREET CITY-ST-ZIP: SAINT AUGUSTINE, FL 32084	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	CRE034 (10/02)
TITLE: DP <input type="checkbox"/> Delete NAME: CAREY, G. JOHN STREET ADDRESS: 10151 DEERWOOD PK BLVD BLDG 100 #330 CITY-ST-ZIP: JACKSONVILLE, FL 32256	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: V <input type="checkbox"/> Delete NAME: EDDINS, HEIDI J STREET ADDRESS: ONE MALAGA STREET CITY-ST-ZIP: SAINT AUGUSTINE, FL 32084	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: VS <input type="checkbox"/> Delete NAME: HANSON, KARL B III STREET ADDRESS: 10151 DEERWOOD PK BLVD BLDG 100 STE 330 CITY-ST-ZIP: JACKSONVILLE, FL 32256	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: VT <input type="checkbox"/> Delete NAME: THOMPSON, M STREET ADDRESS: 10151 DEERWOOD PK BLVD BLDG 100 #330 CITY-ST-ZIP: JACKSONVILLE, FL 32256	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: V <input checked="" type="checkbox"/> Delete NAME: STEWART, PEARLMAN STREET ADDRESS: 2400 NORTH COMMERCE PKWY., STE. 405 CITY-ST-ZIP: WESTON, FL 33326	TITLE: Keith A. Tickell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Keith A. Tickell STREET ADDRESS: 10151 Deerwood Park Blvd. Bldg. 100, Ste 330 CITY-ST-ZIP: Jacksonville, FL 32256	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  KARL B. HANSON III		Date: 5/1/03 (904) 565-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date