

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028602

1. Entity Name

GCC BEACON 22, 23 & 24, INC.

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

04-26-2000 90061 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1650 PRUDENTIAL DRIVE #400  
JACKSONVILLE FL 32207

1650 PRUDENTIAL DRIVE #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

Zip 32256

Country U.S.

Zip 32256

Country U.S.

4. FEI Number

59-3586896

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

RHODES, ROBERT M

1650 PRUDENTIAL DRIVE #400  
JACKSONVILLE FL 32207

Name Karl B. Hanson, III

Street Address (P.O. Box 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)

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 D  
NAME G. JOHN CAREY, III  
STREET ADDRESS 1650 PRUDENTIAL DRIVE #400  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D / EVP  
NAME  
STREET ADDRESS 10199 Southside Blvd., #108  
CITY-ST-ZIP Jacksonville, FL 32256

TITLE D  
NAME FITCH, DAVID D  
STREET ADDRESS 1650 PRUDENTIAL DRIVE #400  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D / P  
NAME Robert F. MacSwain  
STREET ADDRESS One Malaga Street  
CITY-ST-ZIP St. Augustine, FL 32085

TITLE D  
NAME REGAN, MICHAEL N  
STREET ADDRESS 1650 PRUDENTIAL DRIVE #400  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME Karl B. Hanson, III  
STREET ADDRESS 10199 Southside Blvd. #108  
CITY-ST-ZIP Jacksonville, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME Mandy Thompson  
STREET ADDRESS 10199 Southside Blvd., #108  
CITY-ST-ZIP Jacksonville, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME Susan G. Whitlatch  
STREET ADDRESS 1650 Prudential Drive, #108  
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: Susan G. Whitlatch, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 904.858.5236

Date

Daytime Phone #

CR2E034 (9/99)