

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028602

1. Entity Name

GCC BEACON 22, 23 & 24, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90066 020 ***150.00

Principal Place of Business

10199 SOUTHSIDE BLVD.
STE 108
JACKSONVILLE FL 32256

Mailing Address

10151 DEERWOOD PARK BLVD.
BUILDING 100, SUITE 330
JACKSONVILLE FL 32256

2. Principal Place of Business

10151 Deerwood Park Blvd.

Suite, Apt. #, etc.

Bldg. 100, Suite 330

City & State

Jacksonville, Florida

Zip

32256

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

HANSON, KARL B
10151 DEERWOOD PARK BOULEVARD
BUILDING 100, SUITE 330
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name Karl B. Hanson III

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

KARL B. HANSON III

4-17-01

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, 2001 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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME G. John Carey
STREET ADDRESS 10151 Deerwood Park Blvd., Bldg. 100
CITY-ST-ZIP Jacksonville, FL 32256 Suite 330

TITLE D ☐ Change ☒ Addition
NAME Robert F. MacSwain
STREET ADDRESS One Malaga Street
CITY-ST-ZIP Saint Augustine, Florida 32084

TITLE CD ☐ Change ☒ Addition
NAME RW Anestis
STREET ADDRESS One Malaga Street
CITY-ST-ZIP Saint Augustine, Florida 32084

TITLE S ☐ Change ☒ Addition
NAME Heidi J. Eddins
STREET ADDRESS One Malaga Street
CITY-ST-ZIP Saint Augustine, Florida 32084

TITLE VT ☐ Change ☒ Addition
NAME M. Thompson
STREET ADDRESS 10151 Deerwood Park Blvd., Bldg. 100
CITY-ST-ZIP Jacksonville, FL 32256 Suite 330

TITLE V ☐ Change ☒ Addition
NAME Steven A. Stattner
STREET ADDRESS 2400 North Commerce Pkwy., Ste. 405
CITY-ST-ZIP Weston, FL 33326

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melinda Thompson 4/13/01 904-565-9416

CR2E034 (10/00)