

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # B98000000064

1. Entity Name

St. Joe/Arvida Company, L. P.

02 MAY 10 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1650 Prudential Drive

3. Mailing Address
1650 Prudential Drive

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400 - ATTN: Legal Dept

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
36-4191177

Applied For
Not Applicable

Zip
32207

Country
USA

Zip
32207

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lawrence Paine

Street Address (P.O. Box Number is Not Acceptable)
1650 Prudential Drive Suite 400

City
Jacksonville

FL

Zip Code
32207

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 fee if applicable

DATE

9. Capital Contributions
as shown on record: 2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date: 2,025,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP
P97000092906
St. Joe/Arvida Company, Inc.
1650 Prudential Drive, Suite 400
Jacksonville, FL 32207

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

FF #526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE