# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 02, 2001 08:00 AM**
**Secretary of State**

DOCUMENT # **J83867**

1. Entity Name
ST. JOE UTILITIES COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 1650 PRUDENTIAL DR. #400<br>SUITE 400<br>JACKSONVILLE FL<br>32207 US | 1650 PRUDENTAIL DR<br>SUITE 400 - ATTN. LEAGL DEPT.<br>JACKSONVILLE FL<br>32207 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1650 PRUDENTIAL DRIVE | 1650 PRUDENTIAL DRIVE SUITE 400 |
| Suite, Apt. #, etc.: SUITE 400 | Suite, Apt. #, etc.: ATTN. LEAGL DEPT. |
| City & State: JACKSONVILLE FL | City & State: JACKSONVILLE FL |
| Zip: 32207 Country: US | Zip: 32207 Country: US |

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2841388** ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

RHODES ROBERT M
1650 PRUDENTIAL DR
STE 400
JAX FL
32207 US

**7. Name and Address of New Registered Agent**

Name
PAINE LAWRENCE
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: **LAWRENCE PAINE** **03/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>WHITLATCH SUSAN G<br>1650 PRUDENTIAL DRIVE SUITE 400<br>JACKSONVILLE FL 32207 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVP<br>PAINE LAWRENCE<br>1650 PRUDENTAIL DR #400<br>JACKSONVILLE FL 32207 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>PAINE LAWRENCE<br>1650 PRUDENTIAL DRIVE SUITE 400<br>JACKSONVILLE FL 32207 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>TILLIS DAVID G<br>1650 PRUDENTIAL DR #400<br>JACKSONVILLE FL 32207 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>TILLIS DAVID G<br>1650 PRUDENTIAL DRIVE SUITE 400<br>JACKSONVILLE FL 32207 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPT<br>REGAN MICHAEL N<br>1650 PRUDENTAIL DR #400<br>JACKSONVILLE FL 32207 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPT<br>REGAN MICHAEL N<br>1650 PRUDENTIAL DRIVE SUITE #400<br>JACKSONVILLE FL 32207 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/00)

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 AS 03/02/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #