2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90017 048 ****61.25

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DOCUMENT # N03196

1. Entity Name

THE WHITEHALL OF ST. JOHNS COUNTY, INC.

Principal Place of Business	Mailing Address
C/O PONTE VEDRA CLUB REALTY, INC. 280 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH FL 32082	C/O PONTE VEDRA CLUB REALTY, INC. 280 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1835 N. 3rd Street	PO Box 330507
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach FL	City & State: Atlantic Beach, FL
Zip: 32250 Country:	Zip: 32233 Country:

4. FEI Number 59-3010091 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PONTE VEDRA CLUB REALTY, INC.
280 PONTE VEDRA BLVD
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name: Sonia Marvin

Street Address (P.O. Box Number is Not Acceptable): 1835 N. 3rd Street

City: Jacksonville Beach **FL** Zip Code: 32250

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: Sonia M Marvin SONIA MARVIN, Manager 4-14-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAILEY, LARRY 1819 PEACHTREE STREET ATLANTA GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOCK, CHARLES 673-C PONTE VEDRA BLVD PONTE VEDRA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLENNA WARE P O BOX 2479 N/A PONTE VEDRA BCH FL 32004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BOWEN, HAROLD 3350 RIVERWAY PARKWAY, SUITE #1580 ATLANTA GA 30339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYES, JO 4754 LONG BOW RD JACKSONVILLE FL 32210	☐ 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

CR2E037 (10/00)

12. 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 617, 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: L. Hailey 4-17-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #