

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 22, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # V05584**

1. Entity Name  
**ARVIDA MORTGAGE SERVICES, INC.**

Principal Place of Business 300 SOUTH PARK PLACE BLVD., SUITE 150  CLEARWATER FL 33759 US	Mailing Address 1650 PRUDENTIAL DRIVE SUITE 400, ATTN: LEGAL DEPT. JACKSONVILLE FL 32207
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 1650 PRUDENTIAL DRIVE SUITE 400 Suite, Apt. #, etc. ATTN: LEGAL DEPT City & State JACKSONVILLE FL Zip Country US
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4. FEI Number  
**59-3105806**

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FISHER POWERS JILL E**  
 300 SOUTH PARK PLACE BLVD., SUITE 150  
 CLEARWATER FL 33759 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** 03/22/2001  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REGAN MICHAEL N 1650 PRUDENTIAL DR. STE 400 JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COPE CHRISTOPHER R 300 SOUTH PARK PLACE BLVD., SUITE 150 CLEARWATER FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STICCO LEWIS A. 300 SOUTH PARK PLACE BLVD., SUITE 150 CLEARWATER FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS POWERS JILL A 800 S. PARK PLACE BLVD., #150 CLEARWATER FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTTA JAMES D 7900 GLADES ROAD BOCA RATON FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO COPE RICHARD W 300 SOUTH PARK PLACE BLVD., SUITE 150 CLEARWATER FL 33759 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON ALISON K 1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO COPE CHRISTOPHER R 300 SOUTH PARK PLACE BLVD., SUITE 150 CLEARWATER FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V REGAN MICHAEL N 1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V TOOKE EDWIN C 300 S. PARK PLACE BLVD. SUITE 150 CLEARWATER FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CE COPE RICHARD W 300 S. PARK PLACE BLVD. SUITE 150 CLEARWATER FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T STICCO LEWIS A 300 SOUTH PARK PLACE BLVD., SUITE 150 CLEARWATER FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 03/22/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

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**SUSAN G. WHITLATCH, ASSISTANT SECRETARY**  
**1650 PRUDENTIAL DRIVE**  
**SUITE 400**  
**JACKSONVILLE, FL 32207**