

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V05584

FILED  
Apr 02, 2002 8:00 AM  
Secretary of State

Entity Name: ARVIDA MORTGAGE SERVICES, INC.

## Current Principal Place of Business:

300 SOUTH PARK PLACE BLVD., SUITE 150  
CLEARWATER, FL 33759 US

## New Principal Place of Business:

## Current Mailing Address:

1650 PRUDENTIAL DRIVE SUITE 400  
ATTN. LEGAL DEPT  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

FEI Number: 59-3105806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAINE, LAWRENCE  
1650 PRUDENTIAL DRIVE  
SUITE 400  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/T ( ) Delete  
Name: STICCO, LEWIS A  
Address: 300 SOUTH PARK PLACE BLVD., SUITE 150  
City-St-Zip: CLEARWATER, FL 33759 US

Title: D/CE ( ) Delete  
Name: COPE, RICHARD W  
Address: 300 S. PARK PLACE BLVD. SUITE 150  
City-St-Zip: CLEARWATER, FL 33759 US

Title: D/V ( ) Delete  
Name: TOOKE, EDWIN C  
Address: 300 S. PARK PLACE BLVD. SUITE 150  
City-St-Zip: CLEARWATER, FL 33759 US

Title: D/V ( ) Delete  
Name: REGAN, MICHAEL N  
Address: 1650 PRUDENTIAL DRIVE SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: COO ( ) Delete  
Name: COPE, CHRISTOPHER R  
Address: 300 SOUTH PARK PLACE BLVD., SUITE 150  
City-St-Zip: CLEARWATER, FL 33759 US

Title: S ( ) Delete  
Name: HENDERSON, ALISON K  
Address: 1650 PRUDENTIAL DRIVE SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32207 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MOTTA, JAMES D  
Address: 1650 PRUDENTIAL DRIVE SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: PAINE, LAWRENCE  
Address: 1650 PRUDENTIAL DRIVE SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE PAINE

S

04/02/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date