

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90657 024 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 001478

**1. Entity Name**

APALACHICOLA NORTHERN RAILROAD COMPANY

**Principal Place of Business**

1650 Prudential Dr  
Suite 400  
Jacksonville FL 32207

**Mailing Address**

1650 Prudential Drive  
Suite 400-Attn. Legal Dept  
Jacksonville, FL 32207

A0038227

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**4. FEI Number**

59-3665560

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

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

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

Robert M. Rhodes  
1650 Prudential Drive Suite 400  
Jacksonville, FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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 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** D/SVP/T ☐ Delete  
**NAME** Michael N. Regan  
**STREET ADDRESS** 1650 Prudential Dr. #400  
**CITY-ST-ZIP** Jacksonville, FL 32207

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D/P ☐ Delete  
**NAME** Kevin M. Twomey  
**STREET ADDRESS** 1650 Prudential Dr. #400  
**CITY-ST-ZIP** Jacksonville, FL 32207

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** EVP ☐ Delete  
**NAME** Robert M. Rhodes  
**STREET ADDRESS** 1650 Prudential Dr. #400  
**CITY-ST-ZIP** Jacksonville, FL 32207

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VP ☐ Delete  
**NAME** R. Wayne Parish  
**STREET ADDRESS** 300 1st Street  
**CITY-ST-ZIP** Port St. Joe, FL 32456

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** S ☐ Delete  
**NAME** Lawrence Paine  
**STREET ADDRESS** 1650 Prudential Dr. #400  
**CITY-ST-ZIP** Jacksonville, FL 32207

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

Lawrence Paine, Secretary

2/28/2001

904-858-5236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)