

2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # A14293

1. Entity Name

AL-ZAR, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 25 PM 1:25

Principal Place of Business

1650 PRUDENTIAL DR
JACKSONVILLE FL 32207

Mailing Address

P.O. BOX 1380
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

1650 Prudential Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400 - Legal Dept.

City & State

City & State

Zip

Country

Zip

32207

Country

4. FEI Number

59-2357283

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

7. Name and Address of New Registered Agent

~~RHODES, ROBERT M~~

1650 PRUDENTIAL DR
STE. 400
JACKSONVILLE FL 32207

Name

LAWRENCE PAINE

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

7-20-00

9. Capital Contributions
as Shown on record.

\$14,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M99000001755
NAME ST. JOE TIMBERLAND COMPANY OF DELAWARE, LLC
STREET ADDRESS 1650 PRUDENTIAL DR. #400
CITY-ST-ZIP JACKSONVILLE FL

STREET ADDRESS
CITY-ST-ZIP 800003342848--5

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP -08/01/00--01096--007
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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Assistant Secretary of GP

7-20-00

904.858.5236

Date Daytime Phone #

CR2E003 (5/00)