

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005239

1. Entity Name

ARVIDA HOUSING L.P., INC.

Principal Place of Business

Mailing Address

C/O THE ST. JOE PAPER COMPANY
1650 PRUDENTIAL DRIVE, SUITE 400
JACKSONVILLE FL 32207

C/O THE ST. JOE PAPER COMPANY
1650 PRUDENTIAL DRIVE, SUITE 400
JACKSONVILLE FL 32207-8166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAINE, LAWRENCE
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, 2000 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 PD
NAME MOTTA, JAMES D
STREET ADDRESS 7900 GLADES ROAD, SUITE 200
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE VP/S
NAME Alison D. Kennedy
STREET ADDRESS 1650 Prudential Drive, #400
CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☒ Addition

TITLE VTD
NAME REGAN, MICHAEL N
STREET ADDRESS 1650 PRUDENTIAL DRIVE, SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE AS
NAME Susan G. Whitlatch
STREET ADDRESS 1650 Prudential Drive #400
CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☒ Addition

TITLE VS
NAME RHODES, ROBERT M
STREET ADDRESS 1650 PRUDENTIAL DRIVE, SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE VP
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V
NAME DUKE, CHARLES D
STREET ADDRESS 2800 SOUTH HIGHWAY 77
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Delete

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

TITLE V
NAME RESTER, JAMES
STREET ADDRESS 415 BECKRICH ROAD, SUITE 350
CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Delete

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

TITLE V
NAME HOWELL, LEWIS B
STREET ADDRESS 2800 SOUTH HIGHWAY 77
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, ASST. Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

904-858-5236

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90267 030 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

59-3602047

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (9/99)