

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F99000005239**1. Entity Name  
ARVIDA HOUSING L.P., INC.**Principal Place of Business**C/O THE ST. JOE PAPER COMPANY  
1650 PRUDENTIAL DRIVE, SUITE 400  
JACKSONVILLE FL 32207**Mailing Address**C/O THE ST. JOE PAPER COMPANY  
1650 PRUDENTIAL DRIVE, SUITE 400  
JACKSONVILLE FL 32207**2. Principal Place of Business**  
1650 PRUDENTIAL DRIVE**3. Mailing Address**  
1650 PRUDENTIAL DRIVE SUITE 400Suite, Apt. #, etc.  
SUITE 400Suite, Apt. #, etc.  
ATTN. LEGAL DEPT.City & State  
JACKSONVILLE FLCity & State  
JACKSONVILLE FLZip Country  
32207 USZip Country  
32207 US4. FEI Number  
**59-3602047**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**PAINE LAWRENCE  
1650 PRUDENTIAL DRIVE, SUITE 400  
  
JACKSONVILLE FL 32207 US**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ **03/02/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	FL	32244	<input checked="" type="checkbox"/> Delete
V	HOWELL LEWIS B	2800 SOUTH HIGHWAY 77	LYNN HAVEN	FL	32444	<input checked="" type="checkbox"/> Delete
V	RESTER JAMES	415 BECKRICH ROAD, SUITE 350	PANAMA CITY BEACH	FL	32407	<input type="checkbox"/> Delete
V	DUKE CHARLES D	2800 SOUTH HIGHWAY 77	LYNN HAVEN	FL	32444	<input type="checkbox"/> Delete
VS	RHODES ROBERT M	1650 PRUDENTIAL DRIVE, SUITE 400	JACKSONVILLE	FL	32207	<input type="checkbox"/> Delete
VTD	REGAN MICHAEL N	1650 PRUDENTIAL DRIVE, SUITE 400	JACKSONVILLE	FL	32207	<input type="checkbox"/> Delete
PD	MOTTA JAMES D	7900 GLADES ROAD, SUITE 200	BOCA RATON	FL	33434	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS	WHITLATCH SUSAN G	1650 PRUDENTIAL DRIVE SUITE 400	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	HENDERSON ALISON K	1650 PRUDENTIAL DRIVE SUITE 400	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	GOTTLIEB JEFFREY S	1650 PRUDENTIAL DRIVE, SUITE 400	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input 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

03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)