

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J91521

1. Entity Name

ADVANTIS REAL ESTATE SERVICES COMPANY

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

04-18-2000 90267 022 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business<br>1650 PRUDENTIAL DR.<br>JACKSONVILLE FL 32207 | Mailing Address<br>P. O. BOX 1380<br>JACKSONVILLE FL 32201-1380 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>1650 Prudential Drive<br>Suite, Apt. #, etc.<br>Suite 400 - Attn. Legal Dept. |
|---|---|

|                                  |                                  |  |                                |
|----------------------------------|----------------------------------|--|--------------------------------|
| City & State<br>Jacksonville, FL | City & State<br>Jacksonville, FL | 4. FEI Number<br>59-2844031                                  | Applied For<br>Not Applicable  |
| Zip<br>32207                     | Country<br>US                    | 5. Certificate of Status Desired<br><input type="checkbox"/> | \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>RHODES, ROBERT M<br>1650 PRUDENTIAL DR, STE 400<br>SUITE 400<br>JACKSONVILLE FL 32207 | 7. Name and Address of New Registered Agent<br>Name<br>LAWRENCE PAINE<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 Lawrence Paine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-19-00

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FITCH, DAVID D<br>1650 PRUDENTIAL DR. STE. 400<br>JACKSONVILLE FL 32207 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVD<br>REGAN, MICHAEL N<br>1650 PRUDENTIAL DR, STE 400<br>JACKSONVILLE FL 32207 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D/SVP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MASON, WILLIAM L<br>1650 PRUDENTIAL DR, STE 400<br>JACKSONVILLE FL 32207 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D/P/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>T. Richard Bryant<br>3455 Peachtree Rd., NE, #400<br>Atlanta, GA 30005 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Alison D. Kennedy<br>1650 Prudential Drive, #400<br>Jacksonville, FL 32207 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Susan G. Whitlatch<br>1650 Prudential Drive, #400<br>Jacksonville, FL 32207  |

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, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

904-858-5236

Daytime Phone #

CR2E034 (9/99)