

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # J91521**1. Entity Name  
**ADVANTIS REAL ESTATE SERVICES COMPANY**Principal Place of Business  
1650 PRUDENTIAL DR.  
SUITE 400 - LEGAL DEPT.  
JACKSONVILLE FL 32207Mailing Address  
1650 PRUDENTIAL DR.  
SUITE 400 - LEGAL DEPT.  
JACKSONVILLE FL 322072. Principal Place of Business  
1650 PRUDENTIAL DR.3. Mailing Address  
1650 PRUDENTIAL DRIVE SUITE 400Suite, Apt. #, etc.  
SUITE 400Suite, Apt. #, etc.  
ATTN. LEGAL DEPT.

DO NOT WRITE IN THIS SPACE

City & State  
JACKSONVILLE FLCity & State  
JACKSONVILLE FL4. FEI Number  
**59-2844031**  
Applied For  
Not ApplicableZip  
32207

Country

Zip  
32207Country  
US5. 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**PAINE LAWRENCE  
%LEGAL DEPT.  
1650 PRUDENTIAL DR., STE. 400  
JACKSONVILLE FL 32207 USName  
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 \_\_\_\_\_ **04/25/2001**  
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE AS ☐ Delete  
NAME WHITLATCH SUSAN G  
STREET ADDRESS 1650 PRUDENTIAL DR. #400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPS ☐ Delete  
NAME KENNEDY ALISON D  
STREET ADDRESS 1650 PRUDENTIAL DRIVE #400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE S ☒ Change ☐ Addition  
NAME HENDERSON ALISON K  
STREET ADDRESS 1650 PRUDENTIAL DRIVE #400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE C ☐ Delete  
NAME BRYANT RICHARD T  
STREET ADDRESS 3455 PEACHTREE RD. NE. #400  
CITY-ST-ZIP ALPHARETTA GA 30005TITLE V ☒ Change ☐ Addition  
NAME HUTCHESON JOHN K  
STREET ADDRESS 3455 PEACHTREE RD. NE. #400  
CITY-ST-ZIP ATLANTA GA 30006USTITLE DPCO ☐ Delete  
NAME MASON WILLIAM L  
STREET ADDRESS 1650 PRUDENTIAL DR, STE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DC ☒ Change ☐ Addition  
NAME TWOMEY KEVIN M  
STREET ADDRESS 1650 PRUDENTIAL DR, STE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE VPDT ☐ Delete  
NAME REGAN MICHAEL N  
STREET ADDRESS 1650 PURDENTIAL DR, STE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DVT ☒ Change ☐ Addition  
NAME REGAN MICHAEL N  
STREET ADDRESS 1650 PURDENTIAL DR, STE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE D ☐ Delete  
NAME FITCH DAVID D  
STREET ADDRESS 1650 PRUDENTIAL DR. STE. 400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DPCE ☒ Change ☐ Addition  
NAME GIBBONS JOHN J  
STREET ADDRESS 1747 PENNSYLVANIS AVE NW #800  
CITY-ST-ZIP WASHINGTON DC 20006

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 04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**TED O'CONNELL, V/M**  
**4300 WEST CYPRESS STREET**  
**SUITE 100**  
**TAMPA, FL 33607**