

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90054 026 \*\*\*150.00

**DOCUMENT # L12521**

1. Entity Name  
**VESTCOR - PONTE VEDRA, INC.**

Principal Place of Business <b>3020 Hartley Road, Ste. 300          Jacksonville, FL 32257</b>	Mailing Address <b>3020 Hartley Road, Ste. 300          Jacksonville, FL 32257</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3020 Hartley Road</b>		3. Mailing Address <b>3020 Hartley Road</b>	
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. <b>Suite 300</b>	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32257</b>	Country <b>USA</b>	Zip <b>32257</b>	Country <b>USA</b>
4. FEI Number <b>59-2965782</b>			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>FARRELL, MARK T.          3020 Hartley Road, Ste. 300          Jacksonville, FL 32257</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: \_\_\_\_\_ Date: **April 4, 2000**

SIGNATURE \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> ROOD, JOHN D. 3030 HARTLEY RD., #100 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> John D. Rood <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3020 Hartley Road, Ste 300 Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ROOD, J. NEIL 3030 HARTLEY RD., #100 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> Mr. J. Neil Rood <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12192 Mandarin Road Jacksonville, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> FARRELL, MARK T 3030 HARTLEY ROAD, STE 100 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> Mark T. Farrell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3020 Hartley Road, Ste 300 Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> SMITH, BERNARD 3030 HARTLEY ROAD, STE 100 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> Bernard E. Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3020 Hartley Road, Ste 300 Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** \_\_\_\_\_ **APRIL 4, 2000** (904) 260-3030  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)