

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90161 007 ***150.00

0038148 AV

DOCUMENT # L12521

1. Entity Name
VESTCOR - PONTE VEDRA, INC.

Principal Place of Business 3020 HARTLEY RD STE 300 JACKSONVILLE FL 32257	Mailing Address 3020 HARTLEY RD STE 300 JACKSONVILLE FL 32257
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2965782** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, MARK T.
 3030 HARTLEY ROAD
 STE 100
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name
 Street Address **Mark T. Farrell**
3020 Hartley Road, Ste. 300
Jacksonville, FL 32257
 City 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)

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, 2002 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROOD, JOHN D. 3020 HARTLEY RD STE 300 JACKSONVILLE FL 32223	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROOD, J. NEIL 3020 HARTLEY RD STE 300 JACKSONVILLE FL 32223	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FARRELL, MARK T 3020 HARTLEY RD STE 300 JACKSONVILLE FL 32223	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SMITH, BERNARD 3020 HARTLEY RD STE 300 JACKSONVILLE FL 32223	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Mark T. Farrell **Mark T. Farrell** April 19, 2002 (904) 260-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)