

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36914

1. Entity Name

ST. JOE TERMINAL COMPANY

Principal Place of Business

1650 PRUDENTIAL DR S400
JACKSONVILLE FL 32207
US

Mailing Address

PO BOX 1380
JACKSONVILLE FL 32201-1380
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1650 Prudential Drive

Suite, Apt. #, etc.

Suite 400 - Attn. Legal Dept.

City & State

Jacksonville, FL

Zip

32207

Country

US

4. FEI Number

59-2982510

Applied For

Not Applicable

5. 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

Name

Lawrence Paine

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 Lawrence Paine, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-00

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	CD	<input checked="" type="checkbox"/> Delete
NAME	RUMMELL, PETER S	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	P	<input type="checkbox"/> Delete
NAME	TWOMEY, KEVIN M	
STREET ADDRESS	1650 PRUDENTIAL DR., STE. 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	RHODES, ROBERT M	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JONES, JR J MALCOM	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARRISH, R WAYNE	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D / P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael N. Regan	
STREET ADDRESS	1650 Prudential Drive, Suite 400	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence Paine	
STREET ADDRESS	1650 Prudential Drive, #400-4C	
CITY-ST-ZIP	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:

Lawrence Paine, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

904-858-5236

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE