

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 30, 2000 08:00 AM****Secretary of State****DOCUMENT # L44322****1. Entity Name**

PONTE VEDRA COMMUNITY MANAGEMENT, INC.

**Principal Place of Business**

4400 MARSH LANDING BLVD., #3

PONTE VEDRA BCH  
32082

FL

**Mailing Address**

4400 MARSH LANDING BLVD., #3

PONTE VEDRA BCH  
32082

FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****Zip****Country****Zip****Country****4. FEI Number****59-2992446****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORP. SYSTEM INC.

1201 HAYES ST

SUITE 105

TALLAHASSEE

FL

32301

US

**7. Name and Address of New Registered Agent****Name****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**

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

(NOTE: Registered Agent signature required when reinstating)

**03/30/2000**

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**

TITLE	V	<input type="checkbox"/> Delete
NAME	WRIGHT DONALD A	
STREET ADDRESS	4400 MARSH LANDING BLVD., #3	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	

TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE MARY M	
STREET ADDRESS	4400 MARSH LANDING BLVD #3	
CITY-ST-ZIP	POINTE VEDRA BEACH FL 32082	

TITLE	P	<input type="checkbox"/> Delete
NAME	LOVELAND STEPHEN C	
STREET ADDRESS	4400 MARSH LANDING BLVD. #3	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	

TITLE	D	<input type="checkbox"/> Delete
NAME	MIHM EDWIN R	
STREET ADDRESS	GATX, 4 EMBARCADERO STR. #2200	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input 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	<input 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	<input 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		

**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: STEPHEN C. LOVELAND****P****03/30/2000**