

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18330

1. Entity Name

ST. JOE CORPORATION FOUNDATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90267 036 ****61.25

Principal Place of Business 1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE FL 32207 US	Mailing Address P.O. BOX 1380 JACKSONVILLE FL 32201-1380 US
--	---

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1650 Prudential Drive Suite, Apt. #, etc. Suite 400-Attn. Legal Dept.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32207	US	32207	US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2803132		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RHODES, ROBERT M 1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE FL 32207		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-00

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RUMMELL, PETER S 1650 PRUDENTIAL DRIVE #400 JACKSONVILLE FL <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	PD TWOMEY, KEVIN M 1650 PRUDENTIAL DR STE 400 JACKSONVILLE FL 32207 <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	SVPD RHODES, ROBERT M 1650 PRUDENTIAL DRIVE #400 JACKSONVILLE FL 32207 <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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	AS Susan G. Whitlatch 1650 Prudential Drive, #400 Jacksonville, FL 32207	<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
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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan G. Whitlatch, ASST. Secretary 4-14-00 904.858.5236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)