

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N94000002404****1. Entity Name**  
ARVIDA REALTY FOUNDATION, INC.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
300 SOUTH PARK PLACE BLVD SUITE 150 CLEARWATER FL 33759	300 SOUTH PARK PLACE BLVD SUITE 150 CLEARWATER FL 33759

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	1650 PRUDENTIAL DRIVE SUITE 400

City & State	Suite, Apt. #, etc.
JACKSONVILLE FL	ATTN. LEGAL DEPT.

Zip	Country	Zip	Country
32207	US	32207	US

<b>4. FEI Number</b> <b>59-3242513</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
---	--

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
POWERS JILL FISHER ES 300 SOUTH PARK PLACE BLVD SUITE 150 CLEARWATER FL 33759	Name PAINE LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 1650 PRUDENTIAL DRIVE SUITE 400 City JACKSONVILLE FL Zip Code 32207

**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****04/12/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
---	--	---------------------------------------	--

<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																
<table border="0"><tr><td><b>TITLE</b></td><td><b>DP</b> <input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td>COPE RICHARD W</td></tr><tr><td><b>STREET ADDRESS</b></td><td>300 SOUTH PARK PLACE BLVD SUITE 150</td></tr><tr><td><b>CITY-ST-ZIP</b></td><td>CLEARWATER FL 33759</td></tr></table>	<b>TITLE</b>	<b>DP</b> <input type="checkbox"/> Delete	<b>NAME</b>	COPE RICHARD W	<b>STREET ADDRESS</b>	300 SOUTH PARK PLACE BLVD SUITE 150	<b>CITY-ST-ZIP</b>	CLEARWATER FL 33759	<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>DP</b> <input type="checkbox"/> Delete																
<b>NAME</b>	COPE RICHARD W																
<b>STREET ADDRESS</b>	300 SOUTH PARK PLACE BLVD SUITE 150																
<b>CITY-ST-ZIP</b>	CLEARWATER FL 33759																
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="0"><tr><td><b>TITLE</b></td><td><b>DST</b> <input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td>STICCO LEWIS A</td></tr><tr><td><b>STREET ADDRESS</b></td><td>300 SOUTH PARK PLACE BLVD SUITE 150</td></tr><tr><td><b>CITY-ST-ZIP</b></td><td>CLEARWATER FL 33759</td></tr></table>	<b>TITLE</b>	<b>DST</b> <input type="checkbox"/> Delete	<b>NAME</b>	STICCO LEWIS A	<b>STREET ADDRESS</b>	300 SOUTH PARK PLACE BLVD SUITE 150	<b>CITY-ST-ZIP</b>	CLEARWATER FL 33759	<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>DST</b> <input type="checkbox"/> Delete																
<b>NAME</b>	STICCO LEWIS A																
<b>STREET ADDRESS</b>	300 SOUTH PARK PLACE BLVD SUITE 150																
<b>CITY-ST-ZIP</b>	CLEARWATER FL 33759																
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="0"><tr><td><b>TITLE</b></td><td><b>DVP</b> <input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td>TOOKE EDWIN C</td></tr><tr><td><b>STREET ADDRESS</b></td><td>300 SOUTH PARK PLACE BLVD SUITE 150</td></tr><tr><td><b>CITY-ST-ZIP</b></td><td>CLEARWATER FL 33759</td></tr></table>	<b>TITLE</b>	<b>DVP</b> <input type="checkbox"/> Delete	<b>NAME</b>	TOOKE EDWIN C	<b>STREET ADDRESS</b>	300 SOUTH PARK PLACE BLVD SUITE 150	<b>CITY-ST-ZIP</b>	CLEARWATER FL 33759	<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>DVP</b> <input type="checkbox"/> Delete																
<b>NAME</b>	TOOKE EDWIN C																
<b>STREET ADDRESS</b>	300 SOUTH PARK PLACE BLVD SUITE 150																
<b>CITY-ST-ZIP</b>	CLEARWATER FL 33759																
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>		<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>		<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>		<table border="0"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

Lewis A. Sticco

S

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)