

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000022689**1. Entity Name
ARVIDA CENTRAL FLORIDA CONTRACTING, INC.

Principal Place of Business

1650 PRUDENTIAL DRIVE #400

JACKSONVILLE

32207

FL

Mailing Address

1650 PRUDENTIAL DRIVE #400

JACKSONVILLE

32207

FL

2. Principal Place of Business

1650 PRUDENTIAL DRIVE

3. Mailing Address

1650 PRUDENTIAL DRIVE SUITE 400

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

ATTN. LEGAL DEPT.

City & State

JACKSONVILLE

FL

City & State

JACKSONVILLE

FL

Zip

32207

Country

Zip

32207

Country

4. FEI Number

59-3629651

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARIC JOHN

7900 GLADES ROAD

SUITE 200

BOCA RATON

33434

US

FL

7. Name and Address of New Registered Agent

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****03/05/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DRIVE #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTTA JAMES D	
STREET ADDRESS	7900 GLADES ROAD #200	
CITY-ST-ZIP	BOCA RATON FL 33434	
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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITLATCH SUSAN G	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON ALISON K	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DRIVE #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTA JAMES D	
STREET ADDRESS	7900 GLADES ROAD #200	
CITY-ST-ZIP	BOCA RATON FL 33434	
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: **SUSAN G. WHITLATCH**

AS

03/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)