2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022691

1. Entity Name
ARVIDA CAPITAL CONTRACTING, INC.

FILED
Mar 08, 2001 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1650 PRUDENTIAL DRIVE #400	1650 PRUDENTIAL DRIVE #400
JACKSONVILLE FL	JACKSONVILLE FL
32207	32207

2. Principal Place of Business	3. Mailing Address
	1650 PRUDENTIAL DRIVE #400
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	ATTN. LEGAL DEPTS
City & State	City & State
	JACKSONVILLE FL

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
		32207	

4. FEI Number
59-3629643

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
BARIC JOHN	Name
7200 GLADES ROAD	PAINE LAWRENCE
SUITE 200	Street Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL	1650 PRUDENTIAL DRIVE
33434 US	SUITE 400
	City FL Zip Code
	JACKSONVILLE 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**   **03/08/2001**

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		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Delete	TITLE	AS		☐ Change	☒ Addition
NAME			NAME	WHITLATCH SUSAN G			
STREET ADDRESS			STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400			
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE FL 32207			
TITLE		☐ Delete	TITLE	S		☐ Change	☒ Addition
NAME			NAME	HENDERSON ALISON K			
STREET ADDRESS			STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400			
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE FL 32207			
TITLE	D	☐ Delete	TITLE	DVT		☒ Change	☐ Addition
NAME	REGAN MICHAEL N		NAME	REGAN MICHAEL N			
STREET ADDRESS	1650 PRUDENTIAL DRIVE #400		STREET ADDRESS	1650 PRUDENTIAL DRIVE #400			
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	JACKSONVILLE FL 32207			
TITLE	D	☐ Delete	TITLE	DP		☒ Change	☐ Addition
NAME	MOTTA JAMES D		NAME	MOTTA JAMES D			
STREET ADDRESS	7900 GLADES ROAD #200		STREET ADDRESS	7900 GLADES ROAD #200			
CITY-ST-ZIP	BOCA RATON FL 33434		CITY-ST-ZIP	BOCA RATON FL 33434			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

CR2E034 (11/00)

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   03/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #