

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90315 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022694

1. Entity Name

ARVIDA NORTHEAST FLORIDA CONTRACTING, INC.

Principal Place of Business

1650 Prudential Dr
Suite 400
Jacksonville FL 32207

Mailing Address

1650 Prudential Drive
Suite 400-Attn. Legal Dept
Jacksonville, FL 32207

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3629644

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0038331

6. Name and Address of Current Registered Agent

Lawrence Paine
1650 Prudential Drive Suite 400
Jacksonville, FL 32207

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)

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 D/SVP/T ☐ Delete
NAME Michael N. Regan
STREET ADDRESS 1650 Prudential Dr. #400
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D/P ☐ Delete
NAME James D. Motta
STREET ADDRESS 7900 Glades Road #200
CITY-ST-ZIP Boca Raton, FL 33434

TITLE VP/T ☐ Delete
NAME Mark D. Lassman
STREET ADDRESS 7900 Glades Road #200
CITY-ST-ZIP Boca Raton, FL 33434

TITLE S ☐ Delete
NAME Alison K. Henderson
STREET ADDRESS 1650 Prudential Dr. #400
CITY-ST-ZIP Jacksonville, FL 32207

TITLE AS ☐ Delete
NAME Susan G. Whitlatch
STREET ADDRESS 1650 Prudential Dr. #400
CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan G. Whitlatch Asst. Secretary

Date

3/20/01

904-858-5236

Daytime Phone #

CR2E034 (11/00)