## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9700092907

t. Entity Name

ST. JOE DEVELOPMENT, INC.

Principal Place of Business Mailing Address 1650 PRUDENTIAL DR., STE. 400 1050 PRUDENTIAL DR., STE. 400 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-8166 U0062316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 400-Attn. Legal Dept. Applied For City & State City & State 4. FEI Number 59-3476157 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Lawrence *P*aine RHODES, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 1650 PRUDENTIAL DR., STE. 400 JACKSONVILLE FL 32207 Zip Code City 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida Lawrence Paine Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition D/P/CEO TITLE ☐ Delete TITLE MOTTA, JAMES D NAME NAME 1650 PRUDENTIAL DR., STE. 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 D/SVP/T Addition TITLE Delete TITLE REGAN, MICHAEL N NAME NAME 1650 PRUDENTIAL DR., STE. 400 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP VP/S TITLE M Change Addition TITLE Delete NAME rhodes, robert m NAME Alison D. Kennedy STREET ADDRESS 1650 PRUDENTIAL DR., STE. 400 STREET ADDRESS 1650 Prudential Drive, #400 CITY-ST-7IP JACKSONVILLE FL 32207 CITY-ST-ZIP Jacksonville, FL 32207 V/AS ☐ Change Addition ☐ Delete TITLE AS TITI F KENNEDY, ALISON D NAME NAME Susan G. Whitlatch 1650 PRUDENTIAL DR., STE. 400 STREET ADDRESS STREET ADDRESS 1650 Prudential Drive, #400 CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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.

STREET ADDRESS

CITY-ST-ZiP

NAME

SIGNATURE:

NAME

STREET ADDRESS

City-St-ZiE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 904.858523

Daytime Phone #

FILED

Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90267 038 \*\*\*150.00

7.R2E034 (9/99