

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098192

1. Entity Name

ST. JOE/CENTRAL FLORIDA MANAGEMENT, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90267 040 ***150.00

Principal Place of Business

Mailing Address

1650 PRUDENTIAL DRIVE #400
JACKSONVILLE FL 32207

1650 PRUDENTIAL DRIVE #400
JACKSONVILLE FL 32207-8166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3478612

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

RHODES, ROBERT M
1650 PRUDENTIAL DRIVE #400
JACKSONVILLE FL 32207

Name

Lawrence Paine

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 **Lawrence Paine**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-00

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, 2000 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 **PD** ☐ Delete

NAME **FITCH, DAVID D**

STREET ADDRESS **1650 PRUDENTIAL DRIVE #400**

CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DVPT** ☐ Delete

NAME **REGAN, MICHAEL N**

STREET ADDRESS **1650 PRUDENTIAL DRIVE #400**

CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DVP** ☒ Delete

NAME **CAREY III, G J**

STREET ADDRESS **1650 PRUDENTIAL DRIVE #400**

CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition

NAME **Mr. Bruce Snyder**

STREET ADDRESS **1650 Prudential Dr. #400**

CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **VP** ☐ Change ☒ Addition

NAME **Bradford A. Slappey**

STREET ADDRESS **1650 Prudential Drive, #400**

CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **S / VP** ☐ Change ☒ Addition

NAME **Alison D. Kennedy**

STREET ADDRESS **1650 Prudential Drive, #400**

CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **AS** ☐ Change ☒ Addition

NAME **Susan G. Whitlatch**

STREET ADDRESS **1650 Prudential Drive, #400**

CITY-ST-ZIP **Jacksonville, FL 32207**

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: **Susan G. Whitlatch, ASST Secretary** **4-13-00** **904.858.5236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)