

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000098192**1. Entity Name
ST. JOE/CENTRAL FLORIDA MANAGEMENT, INC.

Principal Place of Business

1650 PRUDENTIAL DRIVE #400

JACKSONVILLE

32207

FL

Mailing Address

1650 PRUDENTIAL DRIVE #400

STE 400-ATTN LEGAL DEPT

JACKSONVILLE

32207

FL

2. Principal Place of Business

3. Mailing Address

1650 PRUDENTIAL DRIVE #400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN. LEGAL DEPT

City & State

City & State

JACKSONVILLE

FL

Zip

Country

Zip

Country

32207

4. FEI Number

59-3478612

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

PAINE LAWRENCE
1650 PRUDENTIAL DRIVE #400

JACKSONVILLE

32207

FL

US

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)

03/05/2001

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 | AS | <input type="checkbox"/> Delete |
|----------------|----------------------------|---------------------------------|
| NAME | WHITLATCH SUSAN G | |
| STREET ADDRESS | 1650 PRUDENTIAL DR #400 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | SVP | <input type="checkbox"/> Delete |
| NAME | KENNEDY ALISON D | |
| STREET ADDRESS | 1650 PRUDENTIAL DR #400 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SLAPPEY BRADFORD A | |
| STREET ADDRESS | 1650 PRUDENTIAL DR #400 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SNYDER M. BRUCE | |
| STREET ADDRESS | 1650 PRUDENTIAL DRIVE #400 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | DVPT | <input type="checkbox"/> Delete |
| NAME | REGAN MICHAEL N | |
| STREET ADDRESS | 1650 PRUDENTIAL DRIVE #400 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FITCH DAVID D | |
| STREET ADDRESS | 1650 PRUDENTIAL DRIVE #400 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|------------------------------|----------------|-------------|-------------------------------------|-----------------------------------|
| | S | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME | HENDERSON ALISON K | | | | |
| STREET ADDRESS | 1650 PRUDENTIAL DR #400 | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | | | | |
| TITLE | VP | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME | SLAPPEY BRADFORD A | | | | |
| STREET ADDRESS | 1650 PRUDENTIAL DR #200 | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | | | | |
| TITLE | VP | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME | SNYDER M. BRUCE | | | | |
| STREET ADDRESS | 1650 PRUDENTIAL DRIVE #200 | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | | | | |
| TITLE | DVT | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME | REGAN MICHAEL N | | | | |
| STREET ADDRESS | 1650 PRUDENTIAL DRIVE #400 | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | | | | |
| TITLE | PD | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME | HERRING FRANK WJR | | | | |
| STREET ADDRESS | 4901 VINELAND ROAD SUITE 200 | | | | |
| CITY-ST-ZIP | ORLANDO FL 32811 | | | | |

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)