

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099007

1. Entity Name

ST. JOE/CENTRAL FLORIDA DEVELOPMENT, INC.

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

04-18-2000 90267 039 \*\*\*150.00

Principal Place of Business

Mailing Address

1650 PRUDENTIAL DRIVE  
SUITE 400  
JACKSONVILLE FL 32207

1650 PRUDENTIAL DRIVE  
SUITE 400  
JACKSONVILLE FL 32207-8166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400-Attn. Legal Dept.

City & State

City & State

4. FEI Number

59-3478613

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
SUITE 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 DP ☐ Delete  
NAME FITCH, DAVID D  
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VP/S ☐ Change ☒ Addition  
NAME Alison D. Kennedy  
STREET ADDRESS 1650 Prudential Drive, #400  
CITY-ST-ZIP Jacksonville, FL 32207

TITLE DV ☒ Delete  
NAME CAREY, JOHN G III  
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 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 DVT ☐ Delete  
NAME REGAN, MICHAEL N  
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 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 VS ☒ Delete  
NAME RHODES, ROBERT M  
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VP ☐ Change ☒ Addition  
NAME M. Bruce Snyder  
STREET ADDRESS 1650 Prudential Drive, #400  
CITY-ST-ZIP Jacksonville, FL 32207

TITLE V/AS ☐ Delete  
NAME KENNEDY, ALLISON D  
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ☐ Delete  
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: Sharon 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)