

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000099007**1. Entity Name
ST. JOE/CENTRAL FLORIDA DEVELOPMENT, INC.Principal Place of Business
1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE FL 32207Mailing Address
1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address
1650 PRUDENTIAL DRIVE SUITE 400

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATTN. LEGAL DEPT.

City & State

City & State
JACKSONVILLE FL

Zip

Country

Zip
32207

Country

4. FEI Number

59-3478613

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 AgentPAINE LAWRENCE
1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE FL 32207
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**TITLE VP ☐ Delete
NAME SNYDER N. BRUCE
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE VP ☐ Delete
NAME SLAPPERY BRADFORD A
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE AS ☐ Delete
NAME WHITLATCH SUSAN G
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE VPS ☐ Delete
NAME KENNEDY ALLISON D
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DVT ☐ Delete
NAME REGAN MICHAEL N
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DP ☐ Delete
NAME FITCH DAVID D
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VP ☒ Change ☐ Addition
NAME SNYDER M. BRUCE
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE VP ☒ Change ☐ Addition
NAME SLAPPEY BRADFORD A
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☒ Change ☐ Addition
NAME HENDERSON ALISON K
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DP ☒ Change ☐ Addition
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)