

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102435

1. Entity Name

ST. JOE/CNL PLAZA, INC.

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

04-18-2000 90267 026 \*\*\*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

59-3486967

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 DR., STE 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

**4-12-00**

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	P	<input type="checkbox"/> Delete
NAME	FITCH, DAVID D	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CAREY, JOHN G III	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	REGAN, MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KENNEDY, ALISON D	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan G. Whitlatch	
STREET ADDRESS	1650 Prudential Dr. #400	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** **4-12-00** **904-858-5236**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)