

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000105641**1. Entity Name  
ST. JOE RESIDENTIAL ACQUISITIONS, INC.

Principal Place of Business	Mailing Address
1650 PRUDENTIAL DRIVE	1650 PRUDENTIAL DRIVE SUITE 400
SUITE 400	ATTN. LEGAL DEPT
JACKSONVILLE FL	JACKSONVILLE FL
32207	32207

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number  
**59-3495444**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**LAWRENCE PAINE  
1650 PRUDENTIAL DRIVE  
SUITE 400  
JACKSONVILLE FL  
32207 US**7. Name and Address of New Registered Agent**Name  
PAINE LAWRENCE  
Street Address (P.O. Box Number is Not Acceptable)  
1650 PRUDENTIAL DRIVE  
SUITE 400  
City JACKSONVILLE FL Zip Code  
32207

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****03/27/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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 VPAT ☐ Delete  
NAME LASSMAN MARK D  
STREET ADDRESS 7900 GLADES ROAD SUITE 200  
CITY-ST-ZIP BOCA RATON FL 33434TITLE AS ☐ Delete  
NAME WHITLATCH SUSAN G  
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE S ☐ Delete  
NAME HENDERSON ALISON K  
STREET ADDRESS 1650 PRUDENTIAL DRIVE, SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DSVT ☐ Delete  
NAME REGAN MICHAEL N  
STREET ADDRESS 1650 PRUDENTIAL DRIVE, STE. 400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DP ☐ Delete  
NAME MOTTA JAMES D  
STREET ADDRESS 7900 GLADES ROAD SUITE 200  
CITY-ST-ZIP BOCA RATON FL 33434TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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****AS****03/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)