

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039245

1. Entity Name

ST. JOE TITLE SERVICES, INC.

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

04-18-2000 90267 043 \*\*\*150.00

Principal Place of Business

Mailing Address

1650 PRUDENTIAL DRIVE #400  
JACKSONVILLE FL 32207  
US

1650 PRUDENTIAL DRIVE #400  
JACKSONVILLE FL 32207-8186  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400-Attn. Legal Dept.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3508965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RHODES, ROBERT M  
1650 PRUDENTIAL DRIVE #400  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	COPE, RICHARD W	
STREET ADDRESS	19353 U.S. HIGHWAY 19, N, STE 100	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	REGAN, MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTTA, JAMES D	
STREET ADDRESS	7900 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	PT	<input type="checkbox"/> Delete
NAME	STICCO, LEWIS A	
STREET ADDRESS	19353 U.S. HIGHWAY 19, N, STE 100	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 South Park Place Blvd #150	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan G. Whitlatch	
STREET ADDRESS	1650 Prudential Drive, #400	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alison D. Kennedy	
STREET ADDRESS	1650 Prudential Drive, #400	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	EVP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 South Park Place Blvd #150	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	P/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jill Fisher Powers	
STREET ADDRESS	300 South Park Place Blvd. #150	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin C. Tooke	
STREET ADDRESS	300 South Park Place Blvd #150	
CITY-ST-ZIP	Clearwater, FL 33759	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-00

Date

904-858-5236

Daytime Phone #

CR2E034 (9/99)