

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000039245**1. Entity Name
ST. JOE TITLE SERVICES, INC.Principal Place of Business
1650 PRUDENTIAL DRIVE #400
JACKSONVILLE FL 32207 USMailing Address
1650 PRUDENTIAL DRIVE #400
STE 400-ATTN LEGAL DEPT
JACKSONVILLE FL 32207 US2. Principal Place of Business
300 S. PARK PLACE BLVD.
Suite, Apt. #, etc.
SUITE 1503. Mailing Address
1650 PRUDENTIAL DRIVE SUITE 400
Suite, Apt. #, etc.
ATTN. LEGAL DEPT.City & State
CLEARWATER FLCity & State
JACKSONVILLE FLZip
33759Country
USZip
32207Country
US4. FEI Number
59-3508965Applied 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 AgentPAINE LAWRENCE
1650 PRUDENTIAL DRIVE #400
JACKSONVILLE FL 32207**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 _____ **03/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	Delete
NAME	KENNEDY ALISON D	<input type="checkbox"/>
STREET ADDRESS	1650 PRUDENTIAL DR #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	AS	Delete
NAME	WHITLATCH SUSAN G	<input type="checkbox"/>
STREET ADDRESS	1650 PRUDENTIAL DR #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	EVPT	Delete
NAME	STICCO LEWIS A	<input type="checkbox"/>
STREET ADDRESS	300 S PARK PLACE BLVD #150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	Delete
NAME	MOTTA JAMES D	<input type="checkbox"/>
STREET ADDRESS	7900 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	DVP	Delete
NAME	REGAN MICHAEL N	<input type="checkbox"/>
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DCEO	Delete
NAME	COPE RICHARD W	<input type="checkbox"/>
STREET ADDRESS	300 S PARK PLACE BLVD #150	
CITY-ST-ZIP	CLEARWATER FL 33759	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	Change	Addition
NAME	HENDERSON ALISON K	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	1650 PRUDENTIAL DR #400		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE		Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P	Change	Addition
NAME	FISHER POWERS JILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	300 S PARK PLACE BLVD #150		
CITY-ST-ZIP	CLEARWATER FL 33759		
TITLE	DCOO	Change	Addition
NAME	TOOKE EDWIN C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	300 S. PARK PLACE BLVD SUITE 150		
CITY-ST-ZIP	CLEARWATER FL 33759		
TITLE	DV	Change	Addition
NAME	REGAN MICHAEL N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE		Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
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 03/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

JOSEPH R. BOYD, VICE PRESIDENT
300 S. PARK PLACE BLVD.
SUITE 150
CLEARWATER, FL 33759

LEWIS A. STICCO, T/ EXECUTIVE VICE PRES.
300 S. PARK PLACE BLVD.
SUITE 150
CLEARWATER, FL 33759