

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2000 90267 046 ***150.00

DOCUMENT # P98000051077

1. Entity Name

ST. JOE SANCTUARY REALTY, INC.

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| Principal Place of Business PRUDENTIAL DRIVE, SUITE 400 JACKSONVILLE FL 32207 | Mailing Address 1650 PRUDENTIAL DRIVE, SUITE 400 JACKSONVILLE FL 32207-8166 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. Suite 400-Attn. Legal Dept. |
| City & State | City & State |

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| 4. FEI Number 59-3517838 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent RHODES, ROBERT M 1650 PRUDENTIAL DRIVE, SUITE 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 |
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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]* **4-13-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP DP COPE, RICHARD W 19353 U.S. HIGHWAY 19, N, STE 100 CLEARWATER FL 34624 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP D/P/CEO 300 South Park Place Blvd. #150 Clearwater, FL 33759 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D MOTTA, JAMES D 7900 GLADES ROAD BOCA RATON FL 33434 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP AS Susan G. Whitlatch 1650 Prudential Drive, #400 Jacksonville, FL 32207 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP REGAN, MICHAEL N 1650 PRUDENTIAL DRIVE, STE 400 JACKSONVILLE FL 32207 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP EVP/AS Jill Fisher Powers 300 South Park Place Blvd. #150 Clearwater, FL 33759 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP S RHODES, ROBERT M 1650 PRUDENTIAL DRIVE, STE 400 JACKSONVILLE FL 32207 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP S Alison D. Kennedy 1650 Prudential Drive, #400 Jacksonville, FL 32207 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP T STICCO, LEWIS A 19353 U.S. HIGHWAY 19, N, STE 100 CLEARWATER FL 34624 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP EVP/T 300 South Park Place Blvd. #150 Clearwater, FL 33759 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP EVP/COO Edwin C. Tooke 300 South Park Place Blvd. #150 Clearwater, FL 33759 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

CR2E034 (9/99)

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: *[Signature]* **4-13-00** **904-858-5236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #