

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.

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

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

4. FEI Number 59-3517838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/CBO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 South Park Place, Blvd. #150 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Susan G. Whitlatch 1650 Prudential Drive, #400 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jill Fisher Powers 300 South Park Place Blvd. #150 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alison D. Kennedy 1650 Prudential Drive, #400 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 South Park Place Blvd. #150 Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edwin C. Tooke 300 South Park Place Blvd. #150 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 Whitlatch, Asst. Secretary 4-13-00 904-858-5236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 9/99