

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000051078**

1. Entity Name  
ST. JOE REAL ESTATE SERVICES, INC.

FILED

**Mar 22, 2001 08:00 AM**  
**Secretary of State**

Principal Place of Business 1650 PRUDENTIAL DR, SUITE 400		Mailing Address 1650 PRUDENTIAL DR, SUITE 400 ATTN: LEGAL DEPARTMENT	
JACKSONVILLE 32207	US	FL	JACKSONVILLE 32207

2. Principal Place of Business 300 S. PARK PLACE BLVD.	3. Mailing Address Suite, Apt. #, etc. SUITE 150
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City & State CLEARWATER	FL	City & State	
Zip 33759	Country US	Zip	Country

4. FEI Number <b>59-3517835</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PAINE LAWRENCE 1650 PRUDENTIAL DR, SUITE 400		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE 32207	US	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**03/22/2001**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State
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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	EVAS POWERS JILL FISHER 300 S PARK PLACE BLVD #150 CLEARWATER	FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON ALISON K 1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE	FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT STICCO LEWIS A 300 S PARK PLACE BLVD #150 CLEARWATER	FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV STICCO LEWIS A 300 S PARK PLACE BLVD #150 CLEARWATER	FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WHITLATCH SUSAN G 1650 PRUDENTIAL DRIVE, STE 400 JACKSONVILLE	FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input 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	DV REGAN MICHAEL N 1650 PRUDENTIAL DRIVE, STE 400 JACKSONVILLE	FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP TOOKE EDWIN C 300 SOUTH PARK PLACE BLVD., #150 CLEARWATER	FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO TOOKE EDWIN C 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	DPC 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	DPCE COPE RICHARD W 300 S. PARK PLACE BLVD. SUITE 150 CLEARWATER	FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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

AS **03/22/2001**

Date

Daytime Phone #

CR2E034 (11/00)