

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000051078**1. Entity Name
ST. JOE REAL ESTATE SERVICES, INC.**Principal Place of Business**

1650 PRUDENTIAL DR, SUITE 400

JACKSONVILLE

32207

FL

US

Mailing Address

1650 PRUDENTIAL DR, SUITE 400

ATTN: LEGAL DEPARTMENT

JACKSONVILLE

32207

FL

US

2. Principal Place of Business

300 S. PARK PLACE BLVD.

3. Mailing AddressSuite, Apt. #, etc.
SUITE 150

Suite, Apt. #, etc.

City & State

CLEARWATER

FL

City & StateZip
33759Country
US

Zip

Country

4. FEI Number**59-3517835****Applied For**☐ Not Applicable**5. 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 DR, SUITE 400

JACKSONVILLE

32207

FL

US

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

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) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 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	EVAS	<input type="checkbox"/> Delete
NAME	POWERS JILL FISHER	
STREET ADDRESS	300 S PARK PLACE BLVD #150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	EVPT	<input type="checkbox"/> Delete
NAME	STICCO LEWIS A	
STREET ADDRESS	300 S PARK PLACE BLVD #150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WHITLATCH SUSAN G	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DEVPT	<input type="checkbox"/> Delete
NAME	TOOKE EDWIN C	
STREET ADDRESS	300 SOUTH PARK PLACE BLVD., #150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	DPC	<input type="checkbox"/> Delete
NAME	COPE RICHARD W	
STREET ADDRESS	19353 U.S. HIGHWAY 19, N, STE 100	
CITY-ST-ZIP	CLEARWATER FL 34624	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON ALISON K	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICCO LEWIS A	
STREET ADDRESS	300 S PARK PLACE BLVD #150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOKE EDWIN C	
STREET ADDRESS	300 SOUTH PARK PLACE BLVD., #150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	DPCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPE RICHARD W	
STREET ADDRESS	300 S. PARK PLACE BLVD. SUITE 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

AS

03/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)