

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000104948**1. Entity Name
ST. JOE/LEGACY, INC.Principal Place of Business
1650 PRUDENTIAL DRIVE #400
JACKSONVILLE FL 32207 USMailing Address
1650 PRUDENTIAL DRIVE #400
JACKSONVILLE FL 32207 US

2. Principal Place of Business

3. Mailing Address
1650 PRUDENTIAL DRIVE #400

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATTN. LEGAL DEPT.

City & State

City & State
JACKSONVILLE FL

Zip

Country

Zip
32207Country
US4. FEI Number
59-3559219Applied 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 Agent

PAINE LAWRENCE
1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
PAINE LAWRENCE
Street Address (P.O. Box Number is Not Acceptable)
1650 PRUDENTIAL DRIVE
SUITE 400
City JACKSONVILLE FL Zip Code 32207

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 _____ 03/05/2001
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	AS	<input type="checkbox"/> Delete
NAME	WHITLACH SUSAN G	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	PAINE LAWRENCE	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	KENNEDY ALISON D	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DVSP	<input type="checkbox"/> Delete
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FITCH DAVID D	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITLACH SUSAN G		
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE	AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAINE LAWRENCE		
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
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	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	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRING FRANK WJR		
STREET ADDRESS	4901 VINELAND ROAD SUITE 200		
CITY-ST-ZIP	ORLANDO FL 32811		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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

03/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)