

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 22, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000001337**1. Entity Name  
**SIGNATURE PROPERTIES, INC.****Principal Place of Business**300 S PARK PLACE BLVD  
STE 150  
CLEARWATER  
33759

FL

**Mailing Address**1650 PRUDENTIAL DRIVE  
SUITE 400-ATTN. LEGAL DEPT.  
JACKSONVILLE  
32207

FL

**2. Principal Place of Business****3. Mailing Address**

1650 PRUDENTIAL DRIVE SUITE 400

Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City &amp; State

City & State  
JACKSONVILLE

FL

**4. FEI Number****59-3551429**

Applied For

Not Applicable

Zip

Country

Zip

Country

32207

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****PAINE LAWRENCE**  
1650 PRUDENTIAL DRIVE, SUITE 400JACKSONVILLE  
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE AS ☐ Delete  
NAME WHITLATCH SUSAN G  
STREET ADDRESS 1650 PRUDENTIAL DR., #400  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE AS ☒ Change ☐ Addition  
NAME WHITLATCH SUSAN G  
STREET ADDRESS 1650 PRUDENTIAL DR., #400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE S ☐ Delete  
NAME KENNEDY ALISON  
STREET ADDRESS 1650 PRUDENTIAL DR., #400  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE S ☒ Change ☐ Addition  
NAME HENDERSON ALISON K  
STREET ADDRESS 1650 PRUDENTIAL DR., #400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DVP ☐ Delete  
NAME REGAN MICHAEL N  
STREET ADDRESS 1650 PRUDENTIAL DR., #400  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE T/V ☒ Change ☐ Addition  
NAME STICCO LEWIS A  
STREET ADDRESS 300 S. PARK PLACE BLVD SUITE 150  
CITY-ST-ZIP CLEARWATER FL 33759TITLE EVPT ☐ Delete  
NAME STICCO LEWIS A  
STREET ADDRESS 300 S PARK PLACE BLVD  
CITY-ST-ZIP CLEARWATER FL 33759TITLE DV ☒ Change ☐ Addition  
NAME REGAN MICHAEL N  
STREET ADDRESS 1650 PRUDENTIAL DRIVE SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DEVC ☐ Delete  
NAME TOOKE EDWIN C  
STREET ADDRESS 300 S PARK PLACE BLVD., #150  
CITY-ST-ZIP CLEARWATER FL 33759TITLE DVCO ☒ Change ☐ Addition  
NAME TOOKE EDWIN C  
STREET ADDRESS 300 S PARK PLACE BLVD., #150  
CITY-ST-ZIP CLEARWATER FL 33759TITLE DPCO ☐ Delete  
NAME COPE RICHARD W  
STREET ADDRESS 300 S PARK PLACE BLVD., #150  
CITY-ST-ZIP CLEARWATER FL 33759TITLE DPCE ☒ Change ☐ Addition  
NAME COPE RICHARD W  
STREET ADDRESS 300 S PARK PLACE BLVD., #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)