

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043773

1. Entity Name

THE PORT ST. JOE MARINA, INC.

Principal Place of Business

415 BECKRICH RD. SUITE 350
PANAMA CITY BEACH FL 32407

Mailing Address

415 BECKRICH RD. SUITE 350
PANAMA CITY BEACH FL 32407-3639

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1650 Prudential Drive

Suite, Apt. #, etc.

Suite 400-Attn. Legal Dept.

City & State
Jacksonville, FL

Zip

32207

Country

US

4. FEI Number

59-3577188

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GODEY, JAMES C JR
415 BECKRICH RD, SUITE 350
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name
Lawrence Paine

Street Address (P.O. Box Number is Not Acceptable)

1650 Prudential Drive, Suite 400

City
Jacksonville

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	James D. Motta
CITY-ST-ZIP	7900 Glades Road, Suite 200 Boca Raton, FL 33434
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/T
STREET ADDRESS	Michael N. Regan
CITY-ST-ZIP	1650 Prudential Drive, Suite 400 Jacksonville, FL 32207
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P
STREET ADDRESS	Christopher A. Hine
CITY-ST-ZIP	415 Beckrich Road, #350 Panama City, FL 32407
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S
STREET ADDRESS	Alison D. Kennedy
CITY-ST-ZIP	1650 Prudential Drive, #400 Jacksonville, FL 32207
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS
STREET ADDRESS	Susan G. Whitlatch
CITY-ST-ZIP	1650 Prudential Drive, #400 Jacksonville, FL 32207
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:

Supan Uthairat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Supan Uthairat
DATE

4-13-00 904.858.5236
Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90267 037 ***150.00

LU000517



DO NOT WRITE IN THIS SPACE

CR20034 (9/99)