

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000043773**1. Entity Name  
THE PORT ST. JOE MARINA, INC.

## Principal Place of Business

415 BECKRICH RD, SUITE 350

PANAMA CITY BEACH  
32407

FL

## Mailing Address

1650 PRUDENTIAL DR.  
STE. 400-ATTN LEGAL DEPT.  
JACKSONVILLE  
32207

FL

## 2. Principal Place of Business

415 BECKRICH ROAD

Suite, Apt. #, etc.  
SUITE 350City & State  
PANAMA CITY BEACH  
FLZip  
32407Country  
US

## 3. Mailing Address

1650 PRUDENTIAL DRIVE SUITE 400

Suite, Apt. #, etc.  
ATTN LEGAL DEPT.City & State  
JACKSONVILLE  
FLZip  
32207Country  
US4. FEI Number  
**59-3577188**

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 Agent

PAINE LAWRENCE  
1650 PRUDENTIAL DRIVE  
SUITE 400  
JACKSONVILLE  
32207

US

FL

## 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 \_\_\_\_\_ **03/02/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	AS	<input type="checkbox"/> Delete
NAME	WHITLATCH SUSAN	
STREET ADDRESS	1650 PRUDENTIAL DR. #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNEDY ALISON D	
STREET ADDRESS	1650 PRUDENTIAL DR. #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HINE CHRISTOPHER A	
STREET ADDRESS	415 BECKRICH RD. #350	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	DT	<input type="checkbox"/> Delete
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DR. STE. 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTTA JAMES D	
STREET ADDRESS	7900 GLADES RD. STE. 200	
CITY-ST-ZIP	BOCA RATON FL 33434	
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	WHITLATCH SUSAN G	
STREET ADDRESS	1650 PRUDENTIAL DR. #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 DR. #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DR IVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTA JAMES D	
STREET ADDRESS	7900 GLADES ROAD SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33434	
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

03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)