

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 22, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000043773**1. Entity Name  
THE PORT ST. JOE MARINA, INC.

## Principal Place of Business

415 BECKRICH ROAD  
SUITE 350  
PANAMA CITY BEACH  
32407 US

FL

## Mailing Address

1650 PRUDENTIAL DRIVE SUITE 400  
ATTN LEGAL DEPT.  
JACKSONVILLE  
32207 US

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. 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 \_\_\_\_\_ 03/22/2001

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

## 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 32207TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☐ Delete  
NAME HENDERSON ALISON K  
STREET ADDRESS 1650 PRUDENTIAL DR. #400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DT ☐ Delete  
NAME REGAN MICHAEL N  
STREET ADDRESS 1650 PRUDENTIAL DR IVE SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE ☒ Change ☐ Addition  
NAME REGAN MICHAEL N  
STREET ADDRESS 1650 PRUDENTIAL DR IVE SUITE 400  
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE D ☐ Delete  
NAME MOTTA JAMES D  
STREET ADDRESS 7900 GLADES ROAD SUITE 200  
CITY-ST-ZIP BOCA RATON FL 33434TITLE ☒ Change ☐ Addition  
NAME MOTTA JAMES D  
STREET ADDRESS 7900 GLADES ROAD SUITE 200  
CITY-ST-ZIP BOCA RATON FL 33434TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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

03/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)