

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 05, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000048584**

1. Entity Name  
ST. JOE/ALHAMBRA DEVELOPMENT COMPANY

Principal Place of Business  
1650 PRUDENTIAL DR, SUITE 400  
JACKSONVILLE FL 32207

Mailing Address  
1650 PRUDENTIAL DR  
SUITE 400 ATTN LEGAL DEPT  
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address  
1650 PRUDENTIAL DRIVE SUITE 400

Suite, Apt. #, etc.

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

City & State

City & State  
JACKSONVILLE FL

Zip

Country

Zip  
32207

Country

4. FEI Number  
**59-3579183**

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

KENNEDY ALISON D  
1650 PRUDENTIAL DR, SUITE 400  
JACKSONVILLE FL 32207 US

## 7. Name and Address of New Registered Agent

Name  
PAINE LAWRENCE  
Street Address (P.O. Box Number is Not Acceptable)  
1650 PRUDENTIAL DR, 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 **LAWRENCE PAINE**

**03/05/2001**

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	WHITLACH SUSAN G	
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	SVPT	<input type="checkbox"/> Delete
NAME	SNYDER M BRUCE	
STREET ADDRESS	1650 PRUDENTIAL DR #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DR, SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FITCH DAVID D	
STREET ADDRESS	1650 PRUDENTIAL DR, SUITE 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 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	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER M BRUCE	
STREET ADDRESS	1650 PRUDENTIAL DR #200	
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 DR, SUITE 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)