

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000070423**1. Entity Name
ST. JOE COMMERCIAL, INC.

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

Country

32207

4. FEI Number

59-3591589

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 DR, SUITE 400

JACKSONVILLE

FL

32207

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)

03/05/2001

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 ALLISON D	
STREET ADDRESS	1650 PRUDENTIAL DR #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SNYDER M BRUCE	
STREET ADDRESS	1650 PRUDENTIAL DR #400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DVP	<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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLAPPEY BRADFORD A	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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	CFO	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	

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)