

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 02, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000095643**

1. Entity Name  
ST. JOE LAND COMPANY

Principal Place of Business  
1650 PRUDENTIAL DR., SUITE 400  
ATTN LEGAL DEPT  
JACKSONVILLE FL 322078166

Mailing Address  
1650 PRUDENTIAL DR., SUITE 400  
ATTN LEGAL DEPT  
JACKSONVILLE FL 322078166

2. Principal Place of Business  
1650 PRUDENTIAL DRIVE  
Suite, Apt. #, etc.  
SUITE 400

3. Mailing Address  
1650 PRUDENTIAL DR., SUITE 400  
Suite, Apt. #, etc.  
ATTN. LEGAL DEPT

City & State  
JACKSONVILLE FL

City & State  
JACKSONVILLE FL

Zip Country  
32207 US

Zip Country  
32207 US

4. FEI Number  
**59-3605734**  
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 US

## 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 \_\_\_\_\_ DATE **03/02/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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., SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 322078166	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	KENNEDY ALISON D	
STREET ADDRESS	1650 PRUDENTIAL DR., SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TILLIS DAVID G	
STREET ADDRESS	1650 PRUDENTIAL DR., SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTTLIEB JEFFREY S	
STREET ADDRESS	1650 PRUDENTIAL DR., SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DSVT	<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	DREW J. EVERITT	
STREET ADDRESS	215 DELTA COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER WILLIAM F	
STREET ADDRESS	215 DELTA COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON ALISON K	
STREET ADDRESS	1650 PRUDENTIAL DR., SUITE 400	
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., SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN ROBERT C	
STREET ADDRESS	215 DELTA COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DVT	<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		<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)

**LEWIS B. HOWELL, SR. - VP**  
**2403 JENKS AVENUE**  
**PANAMA CITY, FL 32405**