

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V05584

1. Entity Name

ARVIDA MORTGAGE SERVICES, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90063 001 \*\*\*150.00

Principal Place of Business

Mailing Address

ATTN: E. KLEMENTS  
~~40353 US HWY 19 NORTH~~  
~~CLEARWATER FL 33764~~  
~~US~~

~~P.O. BOX 6600~~  
~~CLEARWATER FL 33758-6600~~  
US

2. Principal Place of Business

300 S. PARK PLACE BLVD.

Suite, Apt. #, etc.

150

City & State

CLEARWATER, FL

3. Mailing Address

1650 Prudential Drive

Suite, Apt. #, etc.

Suite 400-Attn. Legal Dept.

City & State

Jacksonville, FL

Zip

33759

Country

US

City

32207

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3105806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FISHER POWERS, JILL E  
~~40353 US HWY 19 N.~~  
~~SUITE 100~~  
~~CLEARWATER FL 33764~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300 S. PARK PLACE BLVD., 150

City

CLEARWATER

FL

Zip Code

33759

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)

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, 2000 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 DCEO  
NAME COPE, RICHARD W  
STREET ADDRESS ~~19353 US HWY. 19 NORTH, SUITE 100~~  
CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

TITLE D  
NAME MOTTA, JAMES D  
STREET ADDRESS 7900 GLADES ROAD  
CITY-ST-ZIP BOCA RATON FL 33764 ☐ Delete

TITLE ~~DP~~  
NAME ~~MUELLER, JAMES G.~~  
STREET ADDRESS ~~7100 W. COMMERCIAL BLVD.~~  
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33319~~ ☒ Delete

TITLE ~~TS~~  
NAME STICCO, LEWIS A.  
STREET ADDRESS ~~19353 US HWY. 19 NORTH, SUITE 100~~  
CITY-ST-ZIP ~~CLEARWATER FL 33764~~ ☐ Delete

TITLE V  
NAME COPE, CHRISTOPHER R  
STREET ADDRESS ~~19353 US HWY. 19 N., STE 100~~  
CITY-ST-ZIP ~~CLEARWATER FL 33764~~ ☐ Delete

TITLE DV  
NAME REGAN, MICHAEL N  
STREET ADDRESS 1650 PRUDENTIAL DR. STE 400  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 300 S. PARK PLACE BLVD., #150  
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE S  
NAME Robert M. Rhodes  
STREET ADDRESS 1650 Prudential Drive, #400  
CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☒ Addition

TITLE VAS  
NAME JILL FISHER POWERS  
STREET ADDRESS 300 S. PARK PLACE BLVD. #150  
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Change ☒ Addition

TITLE PT  
NAME  
STREET ADDRESS 300 S. PARK PLACE BLVD #150  
CITY-ST-ZIP CLEARWATER FL 33759 ☒ Change ☐ Addition

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 300 S. PARK PLACE BLVD #150  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE AS  
NAME Susan G. Whitlatch  
STREET ADDRESS 1650 Prudential Drive. #400  
CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☒ Addition

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:

*LEWIS A. STICCO*

4/10/00

771-7238887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)