

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 03, 2001 8:00 am
Secretary of State

04-12-2001 90182 040 ***150.00

DOCUMENT # H68022

1. Entity Name

ST. JOE COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

502 FIFTH STREET
STE. 400
PORT ST JOE FL 32546
US

P.O. BOX 220
PORT ST JOE FL 32457
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2571958

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLMER, MARK R
502 FIFTH STREET
PORT ST JOE FL 32456

Name

James B. Faison

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

502 Cecil Costin Boulevard

City Port St. Joe,

FL

Zip Code 32456

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

Vice President, Administration

4/3/01

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	DC	☐ Delete
NAME	THOMAS, JACK H	
STREET ADDRESS	502 CECIL G. GOSTIN, SR. BLVD.	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	DV	☐ Delete
NAME	JOHNSON, EUGENE B	
STREET ADDRESS	502 CECIL G. GOSTIN, SR. BLVD.	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	M	☐ Delete
NAME	DUDA, JOHN P	
STREET ADDRESS	502 CECIL G. GOSTIN, SR. BLVD.	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	P	☐ Delete
NAME	VAUGHAN, JOHN H	
STREET ADDRESS	502 CECIL G. GOSTIN, SR. BLVD.	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	V	☐ Delete
NAME	EDWARDS, S. WHITFIELD	
STREET ADDRESS	502 CECIL G. GOSTIN, SR. BLVD.	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	V	☐ Delete
NAME	STEIN, MICHAEL J	
STREET ADDRESS	502 CECIL G. GOSTIN, SR. BLVD.	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	

TITLE	Chief Executive Officer	☒ Change ☐ Addition
NAME	Jack H. Thomas	
STREET ADDRESS	502 Cecil Costin Boulevard	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	Chief Operating Officer	☒ Change ☐ Addition
NAME	John P. Duda	
STREET ADDRESS	502 Cecil Costin Boulevard	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	Chief Financial Officer & Sec.	☒ Change ☐ Addition
NAME	Walter E. Leach, Jr.	
STREET ADDRESS	502 Cecil Costin Boulevard	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	Vice President & Controller	☒ Change ☐ Addition
NAME	Lisa R. Hood	
STREET ADDRESS	502 Cecil Costin Boulevard	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	President	☒ Change ☐ Addition
NAME	John H. Vaughan	
STREET ADDRESS	502 Cecil Costin Boulevard	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	Vice President, Admin.	☒ Change ☐ Addition
NAME	James B. Faison	
STREET ADDRESS	502 Cecil Costin Boulevard	
CITY-ST-ZIP	Port St. Joe, FL 32456	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

(850) 229-7322

Daytime Phone #

CR2E034 (10/00)