

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000077644**1. Entity Name
INTREPID CAPITAL MANAGEMENT, INC.Principal Place of Business
3652 S. THIRD ST
STE 200
JACKSONVILLE BEACH FL 32250
USMailing Address
P O BOX 2917
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

3. Mailing Address
P O BOX 2917

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
PONTE VEDRA BEACH FL4. FEI Number
59-3274026Applied For
Not Applicable

Zip Country

Zip Country
32004 US5. 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

TRAVIS MARK F
68 -29TH AVE S.JACKSONVILLE BEACH FL
32250 US

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 _____ **03/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 V ☒ Delete
NAME CINNAMOND ERIC K
STREET ADDRESS 900 IRONWOOD DR. #933
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Delete
NAME SHACKELFORD AARON L
STREET ADDRESS 42 TURTLEBACK TRL
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082TITLE T ☒ Change ☐ Addition
NAME WALLACE MICHAEL J
STREET ADDRESS 3652 SOUTH THIRD STREET, SUITE 200
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250TITLE VD ☐ Delete
NAME MYLOD TIMOTHY I
STREET ADDRESS 3763 HUNT CLUB RD
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE V ☒ Change ☐ Addition
NAME CINNAMOND ERIC K
STREET ADDRESS 3652 SOUTH THIRD STREET, SUITE 200
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250TITLE PTD ☐ Delete
NAME TRAVIS MARK F
STREET ADDRESS 68 29TH AVE. SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH FLTITLE PSD ☒ Change ☐ Addition
NAME TRAVIS MARK F
STREET ADDRESS 3652 SOUTH THIRD STREET, SUITE 200
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: MICHAEL J WALLACE

T

03/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)