

2001 UNIFORM BUSINESS REPORT (UBR)

0000353 AF

DOCUMENT # **A30354**

1. Entity Name
TIMUCUAN FUND, LTD.

Principal Place of Business
**111 RIVERSIDE AVE., SUITE 140
JACKSONVILLE FL 32202**

Mailing Address
**P.O. BOX 52898
JACKSONVILLE FL 32201**

FILED

2001 MAY 11 PM 3:03

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 W. Forsyth St.

3. Mailing Address

Suite, Apt. #, etc.
Suite 1600

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

Zip
32202

Country

4. FEI Number
59-3017180

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TIMUCUAN ASSET MANAGEMENT, INC.
111 RIVERSIDE AVE.
STE. 140
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200 W. Forsyth St.
Suite 1600
City
Jacksonville **FL** Zip Code
32202

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 *Russell B. Newton III*

(NOTE: Registered Agent signature required when reinstating)

DATE

5-8-01

9. Capital Contributions as Shown on record. **\$100,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**NEWTON, RUSSELL B III
111 RIVERSIDE AVE., STE. #140
JACKSONVILLE FL 32202**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
200 W. Forsyth St., Suite 1600
CITY-ST-ZIP
Jacksonville, FL 32202

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
**900004421469--1
-06/14/01-01131-008**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Russell B. Newton III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Russell B. Newton III

Date

5-8-01 (904) 356-1739

Daytime Phone #

CR2E003 (11/00)