

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000190**

1. Entity Name
325 WEST ADAMS STREET, LTD.



Principal Place of Business
**325 WEST ADAMS STREET, 6TH FLOOR
JACKSONVILLE FL 32202**

Mailing Address
**POST OFFICE BOX 359
JACKSONVILLE FL 32201-0359**

FILED

03 JAN 17 AM 10:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

6900 Southpoint Dr., N.

Suite, Apt. #, etc.
Suite 200

City & State
Jacksonville, FL

Zip
32216

Country
USA

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **59-3222890**

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

**THE INTREPID CORPORATION OF GEORGIA
325 WEST ADAMS STREET, 6TH FLOOR
JACKSONVILLE FL 32202**

Name

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

6900 Southpoint Dr. N.

Suite 200

City
Jacksonville, FL

FL

Zip Code

32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Ben H. Willingham, President

DATE

1/15/03

9. Capital Contributions
as Shown on record.

\$436,765.48

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F98000001548**
NAME **THE INTREPID CORPORATION OF GEORGIA**
STREET ADDRESS **325 WEST ADAMS STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

STREET ADDRESS

6900 Southpoint Dr. N. #200

CITY-ST-ZIP

Jacksonville, FL 32216

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

400010185024

CITY-ST-ZIP

01/17/03--01040--023. **535.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CR2E003 (10/02)

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:

Ben H. Willingham, President - The Intrepid Corp. 1/15/03 904-355-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #