

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 22 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000002009

1. Entity Name

SPIRIT FUND, LTD.

Principal Place of Business

1620 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

Mailing Address

1620 INDEPENDENT SQUARE
JACKSONVILLE FL 32202



2. Principal Place of Business

3. Mailing Address

1819 Goodwin Street 1819 Goodwin Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3351592

Applied For

Not Applicable

Zip

Country

32204 U.S.A.

Zip

Country

32204 U.S.A.

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

CHRITTON, J. KIRBY
ROGERS, TOWERS, BAILEY, JONES & GAY, P.A.
1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE FL 32207

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

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

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	MCNULTY, THAD L
NAME	1620 INDEPENDENT SQUARE
STREET ADDRESS	JACKSONVILLE FL 32202
CITY-ST-ZIP	
DOCUMENT #	P95000031299
NAME	TRINITY CAPITAL OF JACKSONVILLE, INC.
STREET ADDRESS	1620 INDEPENDENT SQUARE
CITY-ST-ZIP	JACKSONVILLE FL 32202
DOCUMENT #	WHITE, GEORGE M
NAME	1620 INDEPENDENT SQUARE
STREET ADDRESS	JACKSONVILLE FL 32202
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	1819 Goodwin Street
CITY-ST-ZIP	Jacksonville, FL 32204
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

THAD L. McNulty 4-18-02 904 355-7799

Date

Daytime Phone #

CR2E003 (9/01)