

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90412 001 \*\*\*300.00

**DOCUMENT # F98000001548**

1. Entity Name

**THE INTREPID CORPORATION OF GEORGIA**

Principal Place of Business

**325 W. ADAMS ST.  
6TH FLOOR  
JACKSONVILLE FL 32202**

Mailing Address

**P.O. BOX 4610  
JACKSONVILLE FL 32201-4610**

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 **58-1534528**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILGOSZ, LINDA  
325 W. ADAMS ST  
JACKSONVILLE FL 32202**

Name **Linda Ortagus**

Street Address (P.O. Box Number is Not Acceptable)  
**325 W. Adams St.**

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

*Linda L. Ortagus*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VDO WILGOSZ, LINDA 325 W. ADAMS ST JACKSONVILLE FL 32202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HIGGINBOTHAM, LAUREN E 325 W. ADAMS ST JACKSONVILLE FL 32202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MCCUTCHEON, MARY A 325 W. ADAMS STREET JACKSONVILLE FL 32202</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Linda Ortagus 325 W. Adams St. Jacksonville, FL 32202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Lauren Carr 325 W. Adams St. Jacksonville, FL 32202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Jeanne Farr 325 W. Adams St. Jacksonville, FL 32202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V John Smith 325 W. Adams St. Jacksonville, FL 32202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Ben Willingham Jr. 325 W. Adams St. Jacksonville, FL 32202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Linda L. Ortagus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/01**

Date

**355-3500**

Daytime Phone #

CR2E034 (10/00)