

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001548**Entity Name
THE INTREPID CORPORATION OF GEORGIA**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90161 019 ***158.75

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

4. FEI Number **58-1534528**Applied For
Not Applicable

Zip Country

Zip Country

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

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

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.

(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, 2002 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
**V
ORTAGUS, LINDA
325 W. ADAMS ST
JACKSONVILLE FL 32202** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
Ortagus, Linda** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CARR, LAUREN
325 W. ADAMS ST
JACKSONVILLE FL 32202** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FARR, JEANNE
325 W. ADAMS STREET
JACKSONVILLE FL 32202** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SMITH, JOHN
325 W. ADAMS STREET
JACKSONVILLE FL 32202** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
Smith, John** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILLINGHAM, BEN JR
325 W. ADAMS STREET
JACKSONVILLE FL 32202** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
Willingham, Ben Jr.** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

JEANNE E. FARR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/25/02**
Date**904-355-3500**
Daytime Phone #

CR2E034 (9/01)