2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State
04-07-2000 90033 025 ***150.00

DOCUMENT # F99000003919

1. Entity Name

INTREPID CAPITAL CORPORATION

Principal Place of Business	Mailing Address
50 NORTH LAURA STREET. SUITE 1550 JACKSONVILLE FL 32202	50 NORTH LAURA STREET. SUITE 1550 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3652 South Third St.	P. O. Box 2917
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc.
City & State Jacksonville Beach, FL	City & State Ponte Vedra Beach, FL
Zip 32250 FL	Country USA
Zip 32004	Country USA

4. FEI Number 59-3546446 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PASC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TRAVIS, FORREST		NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3550		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP		
TITLE	EVST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LONG, WILLIAM J		NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3550		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP		
TITLE	EVAS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TRAVIS, MARK F		NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3550		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BASS, FAYE J		NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3550		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRECHETTO, STEPHANIE T		NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3550		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRANDER, THOMAS W		NAME		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3550		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP		

CR2E034 (9/99)

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: Forrest Travis 1/31/00 (904)246-3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #