

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000328

1. Entity Name  
INTETECH, L.C.

Principal Place of Business  
7077 BONNEVAL ROAD, SUITE 600  
JACKSONVILLE FL 32216

Mailing Address  
7077 BONNEVAL ROAD, SUITE 800  
JACKSONVILLE FL 32216

FILED

01 FEB 15 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 59-3310589

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARRIPEE, LESTER N  
7077 BONNEVAL ROAD  
SUITE 600  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name G. Scott Brodey  
Street Address (P.O. Box Number is Not Acceptable)  
7077 Bonnaval Rd.  
Suite 600  
City Jacksonville 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM  
STREET ADDRESS INTEGROUP REALTY TRUST  
CITY-ST-ZIP 7077 BONNEVAL ROAD, SUITE 600  
JACKSONVILLE FL 32216 ☒ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME CEO  
STREET ADDRESS G. Scott Brodey, Intetech, L.C.  
CITY-ST-ZIP 7077 Bonnaval Rd, Suite 600  
Jacksonville, FL 32216 ☒ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/13/01

Daytime Phone #

CR2E083 (11/00)