

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **m99000001395**

1. Entity Name

**Intrepid Aviation Partners II, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**00 JUL -3 AM 10: 03**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**5399 East Highway**

Suite, Apt. #, etc.

**C30-A, P.M.B. #244**

City & State

**Seagrove Beach, Florida**

Zip

**32459**

Country

**USA**

3. Mailing Address

**5399 East Highway**

Suite, Apt. #, etc.

**C30-A, P.M.B. #244**

City & State

**Seagrove Beach, Florida**

Zip

**32459**

Country

**USA**

4. FEI Number

**62-1793756**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**Corporation Service Company**

**1201 Hays Street**

**Tallahassee, FL 32301**

7. Name and Address of New Registered Agent

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

**FILE NOW!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE **Director/MGR** ☒ Delete  
NAME **John L. Finley**  
STREET ADDRESS **15 Natchez Street**  
CITY-ST-ZIP **Santa Rosa, FL 32459**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Director/MGR** ☒ Change ☐ Addition  
NAME **Ronald K. Anderson**  
STREET ADDRESS **5399 East Highway, C30-A, P.M.B. #**  
CITY-ST-ZIP **Seagrove Beach, FL 32459**

TITLE **Director/MGR** ☒ Change ☐ Addition  
NAME **Robert L. Cox**  
STREET ADDRESS **50 N. Front Street, Suite 1300**  
CITY-ST-ZIP **Memphis, TN 38103**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

**700003312537--**

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 a 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 OR MANAGER

Date

Daytime Phone #

*Robert L. Cox*

**6/20/00**

**901-543-80**

**MJH**

DO NOT WRITE IN THIS SPACE