

# 2000 UNIFORM BUSINESS REPORT (UBR)

004235

**DOCUMENT # 493546**

1. Entity Name  
**TEAM RESOURCES, INC.**

**FILED**

00 MAY -1 PM 6:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>830 SOUTH THIRD ST STE 104 JACKSONVILLE FL 32250 US</b>	Mailing Address <b>830 SOUTH THIRD ST STE 104 JACKSONVILLE BCH FL 32250-6674 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1642810</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent <b>MCIVOR, DORTHY 519 OCEAN FRONT, SUITE 6 ATLANTIC BEACH FL 32233</b>				7. Name and Address of New Registered Agent			
Name				<i>Dorothy McIvor</i>			
Street Address (P.O. Box Number is Not Acceptable)				<i>830 S 3rd St #104</i>			
City				State		Zip Code	
<i>Jacksonville Beach</i>				<b>FL</b>		<i>32250</i>	

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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>300003246178</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCIVOR, DORTHY</b>	NAME	<b>-05/10/00--01016--011</b>
STREET ADDRESS	<b>519 OCEAN FRONT SUITE 6</b>	STREET ADDRESS	<b>*****150.00 *****150.00</b>
CITY-ST-ZIP	<b>NEPTUNE BCH. FL</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERNAN, MARK C.</b>	NAME	
STREET ADDRESS	<b>133 LANE ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEPTUNE BCH FL</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCIVOR, DORTHY</b>	NAME	
STREET ADDRESS	<b>519 OCEAN FRONT, SUITE 6</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEPUNE BCH. FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Mark C. Kernan* **Mark C. Kernan** VP 4280 (904)  
Date: *2/17/00* **2/17/00**

CR2E034 (9/99)