2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800006636

1. Entity Name

TEAM FOUNDATION, INC.



Mar 05, 2003 8:00 am Secretary of State

FILED

		O WE T				
Principal Place of Business	Mailing Address					
805 CENTERBROOK DR.	805 CENTERBROOK DR.			2000		
BRANDON FL 33511	BRANDON FL 33511			70025	5015	
			L (00)(10) 010 1	(A18) (A11) PANI PANI AANA AA	11 88118 8 117 8 8 17 88 8114 8 8 2	311 1 16 1
2. Principal Place of Business	3. Mailing Address					
1516 FOX HILL PLACE	€ 15/6 Fox	Hill Plac		9181 18##1 88111 88114 68 111 68 11	10 00080 00100 00100 05110 8 1/	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7.171	 -1	CHECK HERE IF MAK	ING CHANGES	
· City P State	0: 0.0				ma Chaigaes	
VALRICO, FIA.	VALUE CO F	TA.	4. FEI Number 5	9-3469743	Applied	ed For opticable
Zip Country	Zip	Country			\$8.75 Addition	
335 99 D.S.A	33594	U-S.A.	5. Certificate of S		Fee Required	ıar
6. Name and Address of	Current Registered Agent	NI	7. Name and Ad	dress of New Register	ed Agent	
KLEIN, DAWN	الم المستعملية منا يريد الما المنا الما المنا	Name	Michael (Rudela.		
805 CENTERBROOK DR.		Street Add	ress (P.O. Box Number is	Not Acceptable)		
BRANDON FL 33511		13/9	e FUX HI	11 Place		
		City 1/A	MICO	F	L Zin Code	U
8. The above named entity submits this sta	tement for the purpose of changing its	registered office or reg	gistered agent, or both, in	the State of Florida. 1 a	m familiar with and	accent
the obligations of registered/agent			•			аооорі
The Third	William Days	2515		7/-	/	
SIGNATURE Signature, typed or printed name of regis	MIGHAEL CLVI			3/3/	<u>03</u>	_
	(NOTE	Registered Agent signature re	equired when reinstating)	DATI	Ē	
	- 9 Floation Com	npaign Financing	45 44			
FILE NOW: FEE IS \$61.	Trust Fund C		\$5.00 May Be Added to Fees		eck Payable to	_
			Added to Fees	riorida Dep	artment of State	e
50	AND DIRECTORS	11.		ES TO OFFICERS AND	DIRECTORS IN 10	
TITLE DP NAME KLEIN, GLENN	Delete	TITLE DP D	IRECTOR, PRE	SIDENT	Change 🗵	Addition
NAME KLEIN, GLENN STREET ADDRESS 805 CENTERBROOK DR.		NAME	STEVE ARKI	\sim	•	
CITY-ST-ZIP BRANDON FL 33511		STREET ADDRESS CITY-ST-ZIP	11 F. NORTH	STREET		
TITLE STD.	Delete	7		33604		
NAME KLEIN, DAWN	Delete	TITLE STD S	ECRETULY, TR	BSUKBLDIKE	Change	Addition
STREET ADDRESS 805 CENTERBROOK DR.		OVDEST ADDRESS	ichael cru			
CITY-ST-ZIP BRANDON FL 33511		017Y OT 710	516 FOX HIL	_ ^ _		
TITLE D	Delete	TITLE D D	MECTOL FIA.	33544	Change Z	A -d -d'Al
VAME ROGERS, IVAN	Dolote	NAME A	INECTOR' OBOUT LEDEN FOR FOX HILL NURICO FIA. 3	HAM	As criange	Addition
STREET ADDRESS 4729 85TH ST.	a managa man	STREET ADDRESS	501 FOX Hil	7"Pl." " "		
DES MOINES IA 50322		CITY-ST-ZIP	LRICO Fla 3	3594		
TITLE D	Delete	TITLE			Change //	Addition
IAME ROGERS, ELSIE		NAME			L Grange L	MUNITURE
STREET ADDRESS 4729 85TH ST.		STREET ADDRESS				
DES MOINES IA 50322		CITY-ST-ZIP				
ITLE D	Delete	TITLE			Change A	Addition
NAME WASHBURN, JAMES	/~	NAME				, wantivit

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS | M611 BIRCH ST.

MARSHFIELD WI 54449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

Ch2E03/ (10/02

☐ Change

Addition