

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90062 028 ****70.00

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1. Corporation Name

**TRANSPORTATION AND EXPRESSWAY AUTHORITY MEMBERSH
IP OF FLORIDA (TEAMFL), INC.**

Principal Place of Business

2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803
US

Mailing Address

2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/27/1997

4. FEI Number

59-3461164

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARTNETT, ROBERT C
2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert C. Hartnett
Signature typed or printed name of registered agent and title if applicable.

Robert C. Hartnett

3-17-99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RICH, A. WAYNE**
STREET ADDRESS **P O BOX 1911 N/A**
CITY-ST-ZIP **ORLANDO FL 32802**

TITLE **DST** ☒ DELETE
NAME **ADAMS, WIN**
STREET ADDRESS **1101 E. 1ST ST.**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ DELETE
NAME **CARTER, JAMES L JR.**
STREET ADDRESS **11101 RICHLYNE ST.**
CITY-ST-ZIP **TEMPLE TERRACE FL 33619**

TITLE **D** ☐ DELETE
NAME **HOLTZMAN, SONNY**
STREET ADDRESS **111 NW 1ST ST., STE. 2740**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE **D** ☐ DELETE
NAME **SHARP, ROGER**
STREET ADDRESS **P O DRAWER O N/A**
CITY-ST-ZIP **JACKSONVILLE FL 32203**

TITLE **D** ☐ DELETE
NAME **STEMLE, DEBORAH**
STREET ADDRESS **920 E. LAFAYETTE ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A. Wayne Rich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-17-99 (407) 896-0035

Daytime Phone #

CR2E037- (41/98)