

2000 UNIFORM BUSINESS REPORT (UBR)

004235

DOCUMENT # 493546

1. Entity Name

TEAM RESOURCES, INC.

Principal Place of Business

830 SOUTH THIRD ST
STE 104
JACKSONVILLE FL 32250
US

Mailing Address

830 SOUTH THIRD ST
STE 104
JACKSONVILLE BCH FL 32250-6674
US

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

59-1642810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCIVOR, DORTHY
519 OCEAN FRONT, SUITE 6
ATLANTIC BEACH FL 32233

Name *Dorthy McIvor*

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

830 5 3rd St #104

City *Jacksonville Beach*

FL

Zip Code

32250

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME MCIVOR, DORTHY
STREET ADDRESS 519 OCEAN FRONT SUITE 6
CITY-ST-ZIP NEPTUNE BCH. FL

TITLE **300003246178-8** ☐ Change ☐ Addition
NAME **-05/10/00--01016--011**
STREET ADDRESS *******150.00 *****150.00**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME KERNAN, MARK C.
STREET ADDRESS 133 LANE ST
CITY-ST-ZIP NEPTUNE BCH FL

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

TITLE **ST** ☐ Delete
NAME MCIVOR, DORTHY
STREET ADDRESS 519 OCEAN FRONT, SUITE 6
CITY-ST-ZIP NEPTUNE BCH. FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark C. Kernan VP 42800(904)

Date

247-8326

FILED

00 MAY -1 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)