

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003717

1. Entity Name

TRANSPORTATION AND EXPRESSWAY AUTHORITY MEMBERSHIP OF FLORIDA (TEAMFL), INC.

Principal Place of Business

Mailing Address

2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803
US

2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90006 012 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3461164

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 \$61.25

9. Election-Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME **D GIBBS, TOM**
STREET ADDRESS **711 N SHERRILL**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE ☐ Delete
NAME **D SHARP, ROGER**
STREET ADDRESS **P.O. DRAWER 0 N/A**
CITY-ST-ZIP **JACKSONVILLE FL 32203**

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

TITLE ☐ Delete
NAME **D HARTNETT, ROBERT C**
STREET ADDRESS **2121 CAMDEN RD SUITE B**
CITY-ST-ZIP **ORLANDO FL 32803**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D JAMES PUGH**
STREET ADDRESS **359 CAROLINA AVE.**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☒ Addition
NAME **D JAMES ELY**
STREET ADDRESS **P.O. BOX 613069**
CITY-ST-ZIP **OCFEE, FL 34761**

TITLE ☐ Change ☒ Addition
NAME **D MARY JANE ARRINGTON**
STREET ADDRESS **813 W. BRYAN SE.**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE ☐ Change ☒ Addition
NAME **D CAROL GOLDWASSER**
STREET ADDRESS **P.O. BOX 398**
CITY-ST-ZIP **FT. MYERS, FL 33902**

TITLE ☐ Change ☒ Addition
NAME **D CARLOS PENIN**
STREET ADDRESS **100 MIRACLE MILE - SUITE 300**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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.

SIGNATURE *[Signature]*

1-4-02 407896-0035

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CR2E037 (9/01)