

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000003717

1. Entity Name  
TRANSPORTATION AND EXPRESSWAY AUTHORITY  
MEMBERSHIP 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



01112005 No Chg-NP CR2E037 (10/03)

**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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000183608  
01/19/05-80070-023 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICH, A. WAYNE P O BOX 1911 N/A ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIBBS, TOM 711 N SHERRILL TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELY, JAMES PO BOX 613069 OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTNETT, ROBERT C 2121 CAMDEN RD SUITE B ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Robert C. Hartnett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-05

407-896-0035