

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90149 005 *****70.00

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**

60010079



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3461164**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **Carol Goldwasser** ☐ Change ☒ Addition
NAME **Carol Goldwasser**
STREET ADDRESS **P.O. Box 398**
CITY-ST-ZIP **Ft. Myers, FL 33902**

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

TITLE **MARY-JANE Arrington** ☐ Change ☒ Addition
NAME **MARY-JANE Arrington**
STREET ADDRESS **813 W. BRYAN ST.**
CITY-ST-ZIP **Kissimmee, FL 34741**

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

TITLE **NORMAN MANSOUR** ☐ Change ☒ Addition
NAME **NORMAN MANSOUR**
STREET ADDRESS **605 SUWANNEE ST, MS9**
CITY-ST-ZIP **Tallahassee, FL 32399**

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

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

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

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]

1-22-03

401-896-0035

CR2E037 (10/02)