

**2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N13000011425

**Entity Name:** DREAM TEAM AT UF, CORPORATION

**Current Principal Place of Business:**

1515 SW ARCHER RD  
GAINESVILLE, FL 32608

**Current Mailing Address:**

1429 N. W. 7TH AVENUE  
GAINESVILLE, FL 32603 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARCIA-LINARES, VICTORIA  
715 S. W. 10TH STREET  
GAINESVILLE, FL 32601 US

*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:** VICTORIA GARCIA-LINARES

04/26/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BRENNER, SARA  
Address 1429 N. W. 7TH AVENUE  
City-State-Zip: GAINESVILLE FL 32603

Title VP  
Name NYGUYEN, LYNH  
Address 505 S. W. 2ND AVENUE  
APT. 1207  
City-State-Zip: GAINESVILLE FL 32601

Title T  
Name PURCELL, MATTHEW  
Address 2207 N. W. 2ND AVENUE  
City-State-Zip: GAINESVILLE FL 32603

Title TITLE DIRECTOR  
Name GARCIA-LINARES, VICTORIA  
Address 715 S. W. 10TH STREET  
City-State-Zip: GAINESVILLE FL 32601

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTORIA GARCIA-LINARES

**RA & TITLE DIRECTOR**

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date