

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003717

**Entity Name:** TRANSPORTATION AND EXPRESSWAY AUTHORITY  
MEMBERSHIP OF FLORIDA (TEAMFL), INC.**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC8427101501****Current Principal Place of Business:**2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803**Current Mailing Address:**2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803 US**FEI Number: 59-3461164****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HARTNETT, ROBERT C  
2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VIVE-CHAIRMAN
Name	FULLER, VAN
Address	4400 E. HWY 20, SUITE 403
City-State-Zip:	NICEVILLE FL 32578
Title	DIRECTOR
Name	MERCER, ATLEE
Address	ONE COURTHOUSE SQUARE SUITE 4700
City-State-Zip:	KISSIMMEE FL 34741
Title	DIRECTOR
Name	RICH, A. WAYNE
Address	390 NORTH ORANGE AVENUE SUITE 1400
City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR
Name	ELY, JIM
Address	501 E. TENNESSEE ST., SUITE C
City-State-Zip:	TALLAHASSEE FL 32308

Title	PCEO
Name	HARTNETT, ROBERT C
Address	2121 CAMDEN RD SUITE B
City-State-Zip:	ORLANDO FL 32803
Title	S
Name	HIDEN, KELLY
Address	13014 N. DALE MABRY HIGHWAY SUITE 820
City-State-Zip:	TAMPA FL 33618
Title	DIRECTOR
Name	BAUMAN, MIKE
Address	2601 BRICKELL AVENUE
City-State-Zip:	MIAMI FL 33129
Title	CHAIRMAN
Name	FORD, NATHANIEL SR.
Address	121 N. FORSYTH ST.
City-State-Zip:	JACKSONVILLE FL 32202

**Continues on page 2**

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: ROBERT C. HARTNETT****PRESIDENT****01/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PENDERGRASS, CECIL  
Address PO BOX 398  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name HOLTZMAN, SONNY  
Address 2121 PONCE DE LEON BLVD.  
SUITE 1280  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name CASSIDY, VINCE  
Address 2121 CAMDEN ROAD  
SUITE B  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name HOWSE, RONALD  
Address 605 SUWANNEE STREET, MAIL  
STATION 9  
City-State-Zip: TALLAHASSEE FL 32399

Title TREASURER  
Name WEINBERG, LUZ  
Address 2121 CAMDEN ROAD  
SUITE B  
City-State-Zip: ORLANDO FL 32803