

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 646426

1. Entity Name

TEAM INTRAWORLD MARKET COMPANY, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90066 038 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 968  
CRESCENT CITY FL 32112

P.O. BOX 968  
CRESCENT CITY FL 32112-0968

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1954821**

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

NEWBOLD, JOHN R. JR.  
RT. 2 BOX 105 (OLD HWY 17)  
CRESCENT CITY FL 32112

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	NEWBOLD, JOHN R JR	R 2 BOX 105 OLD HWY 17	CRESCENT CITY FL 32112	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	NEWBOLD, JOHN R. III	RT 2 BOX 72 HWY 17	CRESCENT CITY FL 32112	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	NEWBOLD, JACQUELINE M	R 2 BOX 105 OLD HWY 17	CRESCENT CITY FL 32112	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	AUSTIN, LINDA T	17725 WILKS MCCALL RD	UMATILLA FL 32784	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jacqueline M Newbold*

01-05-00 904 698 1074