

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005758

1. Entity Name

TEAM REALTY SERVICES, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90059 008 \*\*\*150.00

Principal Place of Business

Mailing Address

125 BASIN STREET  
SUITE 210  
DAYTONA BEACH FL 32114  
US

125 BASIN STREET  
SUITE 210  
DAYTONA BEACH FL 32114-5077  
US

2. Principal Place of Business

3. Mailing Address

4225 Naperville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lisle, IL

4. FEI Number

59-3274378

Applied For

Not Applicable

Zip

Country

Zip

60532

Country

USA

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 PD ☐ Delete  
NAME MILLER, SANFORD  
STREET ADDRESS 125 BASIN STREET  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE VT ☐ Change ☒ Addition  
NAME Jeffrey E. Olsberg  
STREET ADDRESS 4225 Naperville Road  
CITY-ST-ZIP Lisle, IL 60532

TITLE VD ☐ Delete  
NAME KENNEDY, JOHN P  
STREET ADDRESS 45 RIVERSIDE DRIVE  
CITY-ST-ZIP WESTPORT CT 06880

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME CONGDON, JEFFREY D  
STREET ADDRESS 7050 W. WASHINGTON STREET  
CITY-ST-ZIP INDIANAPOLIS IN 46241

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME NORWALK, DONALD J  
STREET ADDRESS 125 BASIN STREET  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TIEMANN, L S  
STREET ADDRESS 45 RIVERSIDE DRIVE  
CITY-ST-ZIP WESTPORT CT 06880

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME LILL, ANNE MARIE  
STREET ADDRESS 125 BASIN STREET  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Jeffrey E. Olsberg* **JEFFREY E. OLSBERG**

01/11/00

(630) 955-7329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)