2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000002888**

1. Entity Name
OUR TEAM, L.C.

0024700 AF

Principal Place of Business	Mailing Address
9804 NW 30TH AVE.	9804 NW 30TH AVE.
OCALA FL 34475	OCALA FL 34475

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number — ✓ Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCKATHAN, J.B. JR. 9804 NW 30TH AVE. OCALA FL 34475	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.   (NOT: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE **MGRM** NAME MCKATHAN, J.B. JR. STREET ADDRESS 9804 NW 30TH AVE. CITY-ST-ZIP OCALA FL 34475	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGRM** NAME MCKATHAN, KEVIN STREET ADDRESS 9804 NW 30TH AVE. CITY-ST-ZIP OCALA FL 34475	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   4/30/01   352-595-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #