

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# E00000006292

1. Entity Name
TEAM SCOTT LLC

FILED

01 AUG 13 PM 12:17

Principal Place of Business

18725 FOLLETT DRIVE
BROOKFIELD WI 53045

Mailing Address

18725 FOLLETT DRIVE
BROOKFIELD WI 53045

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14307 Laurel Tr
Suite, Apt. #, etc.

3. Mailing Address

W308 57010 Hwy I
Suite, Apt. #, etc.

City & State

Wellington FL
Zip 33414 Country

City & State

Mukwonago, WI
Zip 53149 Country

4. FEI Number

58-2548825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

F & L CORP
200 LAURA ST
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE Co Chief Executive Officer ☐ Delete
NAME Andrew J. Fleckenstein
STREET ADDRESS W308 57010 Hwy I
CITY-ST-ZIP Mukwonago, WI 53149

TITLE Co Chief Exec. Officer/Sec. ☐ Delete
NAME Joseph Jay Scott
STREET ADDRESS W308 57010 Hwy I
CITY-ST-ZIP Mukwonago, WI 53149

TITLE President/Treasurer ☐ Delete
NAME Carolyn J. Scott
STREET ADDRESS W308 57010 Hwy I
CITY-ST-ZIP Mukwonago, WI 53149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/22/01

Date

262 363-2888

Daytime Phone #

CR2E083 (5/01)