

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Sep 06, 2001 8:00 am
Secretary of State

05-15-2001 90127 029 ****70.00

DOCUMENT # N00000005813

1. Entity Name

TEAM FLAGLER, INC.

Principal Place of Business

**5 FLINT PL
 PALM COAST FL 32137**

Mailing Address

**PO BOX 351111
 PALM COAST FL 32135**

2. Principal Place of Business

3. Mailing Address

PO Box 351195

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast FL

Zip

Country

32135

Country

USA

4. FEI Number

59-3636531

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ESPOSITO, MICHAEL A
 5 FLINT PL
 PALM COAST FL 32137**

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)

5/1/01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	ESPOSITO, MICHAEL A	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		5 FLINT PL	
CITY-ST-ZIP		PALM COAST FL 32137	
TITLE	V	SOLTES, JEFF	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		19 BUFFALO BERRY PL	
CITY-ST-ZIP		PALM COAST FL 32317	
TITLE	ST	REELEY, JOANNA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		PO BOX 351111	
CITY-ST-ZIP		PALM COAST FL 32135	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP	Reeley, Joanna	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		PO Box 351111	
CITY-ST-ZIP		Palm Coast, FL 32135	
TITLE	ST	Esposito, Susan SUSAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		5 Flint Pl	
CITY-ST-ZIP		Palm Coast FL 32137	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanna Reeley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 386-445-1428
 Date Daytime Phone #

CR2E037 (10/00)