2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006938

Entity Name: TEAM FLORIDA FOUNDATION, INC.,

Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1672 HIBSICUS DR SANIBEL, FL 33957 **Current Mailing Address: New Mailing Address:** 1672 HIBSICUS DR SANIBEL, FL 33957 FEI Number: 30-0040596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENNING, RHONDA 1672 HIBSICUS DR SANIBEL, FL 33957 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ROTHENBERG, BRADLEY DAVIS, JEFFREY MR. Name: Name: 6514 PLANTATION RD Address: 2631 B NW 41ST STREET Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip: GAINESVILLE, FL 32606 Title: DV () Delete Title: () Change () Addition KELLY, BLANE Name: Name: Address: 11851 SHANNON DR Address: City-St-Zip: FT MYERS, FL 33908 City-St-Zip: Title: () Delete Title: (X) Change () Addition SPREITZER, LYNDA SPREITZER, LYNDA Name: Name: Address: 710 NW 92ND AVE Address: 710 NW 92ND AVE City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: PEMBROKE PINES, FL 33024 Title: DS () Delete Title: () Change () Addition Name: HENNING, RHONDA Name: 1672 HIBISCUS DR Address: Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: Title: () Delete Title: () Change () Addition CUNNINGHAM, DAVE Name: Name: P.O.BOX 7018 Address: Address: City-St-Zip: N PORT, FL 34287 City-St-Zip: Title: () Delete Title: (X) Change () Addition HYDE JOHN HYDE, JOHN Name: Name: Address: 3820 SW 79TH AVE 397 Address: 3820 SW 79TH AVE 397 PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA HENNING DS 04/29/2002