FILED
Aug 01, 2003 8:00 am
Secretary of State
04-21-2003 90450 017 ****61.25

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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000002354

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[redacted]

[redacted]

1. Entity Name
TEAM EDISC, INC.

Principal Place of Business	Mailing Address
231 LIVE OAK BLVD. CASSELBERRY FL 32707	231 LIVE OAK BLVD. CASSELBERRY FL 32707

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: none ☐ Applied For ☐ Not Applicable

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
JOHNSON, JIM C PRES. 231 LIVE OAK BLVD. CASSELBERRY FL 32707	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. I am familiar with, and accept the obligations of registered agent.

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 $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	D President	TITLE ☐ Change ☐ Addition
NAME	Jim C. Johnson ☐ Delete	NAME
STREET ADDRESS	231 Live Oak Blvd.	STREET ADDRESS
CITY-ST-ZIP	Casselberry, FL 32707	CITY-ST-ZIP
TITLE	D Director (Head Coach)	TITLE ☐ Change ☐ Addition
NAME	Erik Bullock ☐ Delete	NAME
STREET ADDRESS	231 Live Oaks Blvd.	STREET ADDRESS
CITY-ST-ZIP	Casselberry Fl 32707	CITY-ST-ZIP
TITLE	D Director (Assist. Coach)	TITLE ☐ Change ☐ Addition
NAME	Mark Clatterbuck ☐ Delete	NAME
STREET ADDRESS	1471 Badger Terrace	STREET ADDRESS
CITY-ST-ZIP	Deltona Fl 32725	CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

CR2E037 (10/02)

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: SIGNATURE REQUIRED [signature] 4/17/03 407 260 0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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59321