

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90038 038 ****70.00

DOCUMENT # N97000002925

1. Entity Name
TEAMWORK FOUNDATION, INC.

Principal Place of Business 1619 NW 2ND AVE. OCALA FL 34475 US	Mailing Address P.O. BOX 2795 OCALA FL 34478-2795
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 59-3448270	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOLLISTER, LORENA M. W.
1619 NW 2ND AVE.
OCALA FL 34475

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ (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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	YOUNG, IVAN	524 SE 61 CT	OCALA FL 34472				
DVP	SMITH, RUSSELL	1850 NW 116TH TR	OCALA FL 34482				
DPT	YOUNG, JEAN	524 SE 61ST COURT	OCALA FL 34472				
SD	MCCOLLISTER, SHELLIE	1619 NW 2ND AVE	OCALA FL 34475				
D	BEST, ELAINE	14450 NE 113TH COURT	FT. MCCOY FL 32134				
D	YOUNG, SR. I	524 SE 61ST COURT	OCALA FL 34472				

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 *Quiter* 4-27-00 (352)694.47
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)