2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002925

1. Entity Name

Teamwork Foundation Inc.

FILED

01 MAY 22 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1619 NW 2nd Ave	1619 NW 2nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FL	City & State: OCALA
Zip: 34475 Country: MARION	Zip: 34475 Country: MARION

4. FEI Number: 59-3448270 ☐ 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
McCollister, Lorena M.W. 1619 NW 2nd Ave OCALA FL 34475	Name Street Address (P.O. Box Number is Not Acceptable) -06/18/01--01128--036 City ******FL Zip Code ****70.00

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.

LS

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Young IVAN 524 SE 61 CT OCALA FL 34472	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Smith Russell 1850 NW 116 TR OCALA FL 34482	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT Young Jean 524 SE 61 CT OCALA FL 34472	☐ Delete		☐ Change ☐ Addition
TITLE SD / NAME / STREET ADDRESS / CITY-ST-ZIP	McCollister Shellie 1619 NW 2nd Ave OCALA FL 34475	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Best, Elaine 14450 NE 113th CT FT McCoy, FL 32134	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Young SR. I 524 SE 61 CT OCALA FL 34472	☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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: Jean Young Pres. 4-30-01 (352) 694-4560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #