

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90016 017 ****70.00

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1. Entity Name

**TRANSPORTATION AND EXPRESSWAY AUTHORITY
MEMBERSHIP OF FLORIDA (TEAMFL), INC.**



Principal Place of Business

2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803
US

Mailing Address

2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3461164

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

HARTNETT, ROBERT C
2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803

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
Due By May 1, 2007**

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

TITLE: D ☐ Delete
NAME: RICH, A. WAYNE
STREET ADDRESS: P.O. BOX 1911 N/A
CITY-STATE-ZIP: ORLANDO FL 32802

TITLE: D ☒ Delete
NAME: GIBBS, TOM
STREET ADDRESS: 711 N SHERRILL
CITY-STATE-ZIP: TAMPA FL 33609

TITLE: D ☐ Delete
NAME: ELY, JAMES
STREET ADDRESS: PO BOX 613069
CITY-STATE-ZIP: OCOEE FL 34761

TITLE: D ☐ Delete
NAME: HARTNETT, ROBERT C
STREET ADDRESS: 2121 CAMDEN RD SUITE B
CITY-STATE-ZIP: ORLANDO FL 32803

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: C, D ☐ Change ☒ Addition
NAME: MIKE BAUMAN
STREET ADDRESS: 2601 BRICKELL AVE.
CITY-STATE-ZIP: MIAMI, FL 33129

TITLE: P, S, T ☐ Change ☒ Addition
NAME: MARY JANE ARRINGTON
STREET ADDRESS: 813 W. BRYAN ST.
CITY-STATE-ZIP: KISSIMMEE, FL 34741

TITLE: D ☐ Change ☒ Addition
NAME: MARCOS MARCHENA
STREET ADDRESS: 976 LAKE BALDWIN LANE, SK 101
CITY-STATE-ZIP: ORLANDO, FL 32814

TITLE: D ☐ Change ☒ Addition
NAME: MICHAEL BLAYLOCK
STREET ADDRESS: P.O. DRAWER 0
CITY-STATE-ZIP: JACKSONVILLE, FL 32203

TITLE: D ☐ Change ☒ Addition
NAME: JAMES HARGRETT
STREET ADDRESS: 1104 EAST TWIGGS ST.
CITY-STATE-ZIP: TAMPA, FL 33602

TITLE: D ☐ Change ☒ Addition
NAME: PAUL WINGARD
STREET ADDRESS: 1500 MONROE ST.
CITY-STATE-ZIP: FT. MYERS, FL 33901

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Robert C Hartnett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 407-896-0035

Date

Daytime Phone #