

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010018

1. Entity Name

THE TRANSITION TEAM, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90222 007 ***150.00

Principal Place of Business

Mailing Address

~~10224 US 19 N~~
~~STE 405~~
~~CLEARWATER FL 33704~~

~~10321 US 19 N~~
~~STE 405~~
~~CLEARWATER FL 33764-3142~~
~~US~~

2. Principal Place of Business

9111 CROSS PARK DR.

3. Mailing Address

9111 CROSS PARK DR.

Suite, Apt. #, etc.

SUITE A-250

Suite, Apt. #, etc.

SUITE A-250

City & State

KNOXVILLE, TN

City & State

KNOXVILLE, TN

Zip

37923

Country

Zip

37923

Country

4. FEI Number

59-3224567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PLETCHER, CHARLES F~~

~~1000 GULF BLVD.~~

~~#418~~

~~CLEARWATER FL 34630~~

7. Name and Address of New Registered Agent

Name

PHILIP A. CASESA

Street Address (P.O. Box Number is Not Acceptable)

4832 GREEN CROFT RD.

City

SARASOTA

FL

Zip Code

34235

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME PD
STREET ADDRESS TRUZA, DONALD R
CITY-ST-ZIP 12126 BUTTERNUT CIR
KNOXVILLE TN 37922

TITLE ☐ Delete

NAME AS
STREET ADDRESS CASESA, PHILIP A
CITY-ST-ZIP 4832 GREEN CROFT RD
SARASOTA FL 34235

TITLE ☐ Delete

NAME T
STREET ADDRESS JOHNSON, ALAN D
CITY-ST-ZIP 9079 MARY ANN AVE.
SHELBY TWP MI

TITLE ☒ Delete

NAME EVP
STREET ADDRESS RAY, SAMUEL N
CITY-ST-ZIP 24260 GREEN CROFT RD
SARASOTA FL 34235

TITLE ☐ Delete

NAME S
STREET ADDRESS TRUZA, ROBERTA
CITY-ST-ZIP 12126 BUTTERNUT CIR
KNOXVILLE TN 37922

TITLE ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME T
STREET ADDRESS JOHNSON, ALAN D.
CITY-ST-ZIP 12160 BROOKSTONE DR.
KNOXVILLE, TN 37922

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan D. Johnson

ALAN D. JOHNSON, TREASURER

4/26/00 (865) 694-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)