

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068877

1. Entity Name

TEAM ADVISORY CORPORATE, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90165 047 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1180 SPRING CENTRE S. BLVD., #118~~  
~~ALTAMONTE SPRINGS FL 32714~~

~~1180 SPRING CENTRE S. BLVD., #118~~  
~~ALTAMONTE SPRINGS FL 32714-1954~~

2. Principal Place of Business

3. Mailing Address

480 N. Orlando Ave

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip

Country

32789

USA

Zip

Country

4. FEI Number

59-3266289

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

PIZZUTI, STEPHEN D

~~1180 SPRING CENTRE S. BLVD., #118~~  
~~ALTAMONTE SPRINGS FL 32714~~

Name

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

480 N. Orlando Ave Suite 200

Winter Park, FL

Zip Code 32789

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)

Stephen D. Pizzuti

4-27-00

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **PIZZUTI, STEPHEN D**  
STREET ADDRESS ~~1180 SPRING CENTRE S. BLVD., #118~~  
CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL 32714~~

☒ Change ☐ Addition  
NAME **480 N. Orlando Ave Suite 200**  
STREET ADDRESS **Winter Park, FL 32789**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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☐ Change ☐ Addition  
NAME  
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:

SIGNATURE **Stephen D. Pizzuti**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)