

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003090

1. Entity Name

T.E.A.M. USA INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90081 021 \*\*\*150.00

Principal Place of Business

4134 GULF OF MEXICO DR  
LONGBOAT KEY FL 34228  
US

Mailing Address

4134 GULF OF MEXICO DR  
LONGBOAT KEY FL 34228-2612  
US

2. Principal Place of Business

820 B BELL ROAD

Suite, Apt. #, etc.

3. Mailing Address

820 B BELL ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA FL

4. FEI Number

65-0553664

Applied For

Not Applicable

Zip

34240

Country

SARASOTA

Zip

34240

Country

SARASOTA

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

MAHONEY, PAUL

~~4134 GULF OF MEXICO DR~~ 820 B BELL RD  
~~LONGBOAT KEY FL 34228~~ SARASOTA, FL  
34240

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MAHONEY, PAUL	
STREET ADDRESS	4604 COUNTRY MANOR DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	COLES, DERICK	
STREET ADDRESS	2210 KARA CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JACOB, TIM	
STREET ADDRESS	620 CYRESS AVE	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLES, JASON	
STREET ADDRESS	2210 KARA CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, ANTHONY	
STREET ADDRESS	4134 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

941-342-1977