

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060974

1. Entity Name

TEAM simulations, Inc

APPROVED
AND
FILED

00 SEP 29 PM 1:09

Principal Place of Business

Mailing Address

1515-15 PAUL RUSSELL RD
TALLAHASSEE, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

1515-15 PAUL RUSSELL RD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

TALLAHASSEE FL

4. FEI Number

59-3394177

Applied For

Not Applicable

Zip

Country

Zip

Country

32301

LEON/US

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

Name

ANDREY S. HEFFRON

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

1515-15 PAUL RUSSELL RD

City

TALLAHASSEE

FL

Zip Code

32301

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

9/29/2000

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 ☐ Delete
NAME PRESIDENT
STREET ADDRESS JANET D. DILLIPT
CITY-ST-ZIP 1515-15 PAUL RUSSELL RD
TALLAHASSEE, FL 32301

TITLE ☐ Change ☒ Addition
NAME PRINCIPAL
STREET ADDRESS ANDREY S. HEFFRON
CITY-ST-ZIP 1515-15 PAUL RUSSELL RD
TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003415706--9
CITY-ST-ZIP -10/05/00--01107--017
****158.75 ****158.95

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

Andrey S. Heffron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/2000

Date

656-1928

Daytime Phone #

CR2E034 (9/99)

To: Div. of Corp. - Whom it may concern

From: Audrey Heffron - principal
TEAM Simulations, Inc.

Re: Annual Report

Date: Sept. 29, 2000

I bought TEAM Simulations Inc.
on Jan. 1, 2000 and
never recieved an annual report.

A. Heffron
9/29/00