

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 18, 2000 8:00 am**
Secretary of State

09-18-2000 90039 045 ***550.00

DOCUMENT # P980001058841. Entity Name
TEAM REAL ESTATE, INC.Principal Place of Business
**185 CYPRESS POINT PARKWAY
PALM COAST FL 32137**Mailing Address
**185 CYPRESS POINT PARKWAY
PALM COAST FL 32137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **4**Suite, Apt. #, etc. **4**

City & State

City & State

4. FEI Number **59-3550770**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****VOST, MARK R
63 WEYMOUTH LANE
PALMCOAST FL 32164**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
NAME **VOST, MARK R**
STREET ADDRESS **63 WEYMOUTH LN**
CITY-ST-ZIP **PALM COAST FL 32164**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **PINTO, CARLOS**
STREET ADDRESS **1 WESTMOUNT LANE**
CITY-ST-ZIP **PALM COAST FL 32164**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **N** ☐ Delete
NAME **NIEMINEN, SCOTT K**
STREET ADDRESS **1431 LAMBERT AVE**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **NIEMINEN, PAUL K**
STREET ADDRESS **503 N ORANGE AVE**
CITY-ST-ZIP **BUNNELL FL 32110**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GAZZOLI, LAURA**
STREET ADDRESS **3 COLE PL**
CITY-ST-ZIP **PALM COAST FL 32137**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/13/00**904-447-3001**