

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90097 002 \*\*\*150.00

**DOCUMENT # P98000105884**

1. 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.

**Suite 400**

Suite, Apt. #, etc.

**Suite 400**

City & State

City & State

4. FEI Number **59-3550770**

Applied For

Not Applicable

Zip

**32164**

Country

Zip

**32164**

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

**Mark R Vost**

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

**103 Brushwood Lane**

City

**Palm Coast**

FL

Zip Code

**32137**

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.

**Mark R. Vost, President**

DATE

**4/4/01**

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **P**  
 STREET ADDRESS **VOST, MARK R**  
 CITY-ST-ZIP **63 WEYMOUTH LN  
 PALM COAST FL 32164**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **103 BRUSHWOOD LANE**  
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **PINTO, CARLOS**  
 CITY-ST-ZIP **1 WESTMOUNT LANE  
 PALM COAST FL 32164**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **NIEMINEN, SCOTT K**  
 CITY-ST-ZIP **1431 LAMBERT AVE  
 FLAGLER BEACH FL 32136**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **18 FANWOOD CT**  
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **NIEMINEN, PAUL K**  
 CITY-ST-ZIP **503 N ORANGE AVE  
 BUNNELL FL 32110**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **GAZZOLLI, LAURA**  
 CITY-ST-ZIP **3 COLE PL  
 PALM COAST FL 32137**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mark R. Vost**

Date

**4/4/01**

Daytime Phone #

**904-447-3001**

CR2E034 (10/00)