

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042893

1. Entity Name  
TEAMBUILDERS, INC.

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90099 025 \*\*\*150.00

Principal Place of Business

2 BAYTREE CIRCLE  
BOYNTON BEACH FL 33462-4913  
DE

Mailing Address

2 BAYTREE CIRCLE  
BOYNTON BEACH FL 33462-4913  
DE

2. Principal Place of Business

1992 S. Congress Ave  
Suite, Apt. #, etc.

3. Mailing Address

1992 S. Congress Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

05-0927003

Applied For

Not Applicable

Zip

33406

Country

Palm Beach

Zip

33406

Country

Palm Beach

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELISO, DIANE  
2 BAYTREE CIRCLE  
BOYNTON BEACH FL 33462-4913

7. Name and Address of New Registered Agent

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 Diane Deliso 8/29/00  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PERRY, JOHN C	
STREET ADDRESS	1020 CRYSTAL WAY APT. N	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DELISO, DIANE	
STREET ADDRESS	2 BAYTREE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462-4913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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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	

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: Diane Deliso 8/29/00 (561) 433-0915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)