

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066559

1. Entity Name

T.E.A.M. EXCELLENCE, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90038 046 \*\*\*150.00

Principal Place of Business

7084 FLORIDANA AVE  
FLORIDANA BEACH FL 32951

Mailing Address

7084 FLORIDANA AVE  
FLORIDANA BEACH FL 32951-3847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6390 Floridana Ave

Suite, Apt. #, etc.

6390 Floridana Ave

City & State

Melbourne Beach, FL

City & State

Melbourne Beach, FL

4. FEI Number

59 3592787

Applied For

Not Applicable

Zip

32951

Country

USA

Zip

32951

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAW, R M  
7084 FLORIDANA AVE  
FLORIDANA BEACH FL 32951

7. Name and Address of New Registered Agent

Name

Shaw, R. M.

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

6390 Floridana Ave

City

Melbourne Beach FL

Zip Code

32951

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 ☐ Delete

NAME Adam Van Der Mark  
STREET ADDRESS 8 Berkley Dr.  
CITY-ST-ZIP Lockport, N.Y. 14094

TITLE ☐ Delete

NAME R. Michael Shaw  
STREET ADDRESS 6390 Floridana Ave  
CITY-ST-ZIP Melbourne Beach, FL 32951

TITLE ☐ Delete

NAME Michelle Gollinger  
STREET ADDRESS 31 Forest Park Drive  
CITY-ST-ZIP Vero Beach FL 32962

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 and all other like empowered.

SIGNATURE:

Adam Van Der Mark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/00 (716) 432-2188

Date

Daytime Phone #