

# 2000 UNIFORM BUSINESS REPORT (UBR)

0203725

DOCUMENT # P99000093571

1. Entity Name

TEAM VEHICLE SALES, INC.

FILED

00 FEB 16 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2665 S. BAYSHORE DR., STE. 800  
MIAMI FL 33133

Mailing Address

2665 S. BAYSHORE DR., STE. 800  
MIAMI FL 33133-5401

2. Principal Place of Business

1505 University Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

City & State

Coral Springs, FL

City & State

Zip

33071

Country

Country

4. FEI Number

105-0963798

Applied For

Not Applicable

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

Maria C. Callejas

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

600003145176--2

City

02/23/00 01098-006  
\*\*\*\*150.06L\*\*\*\*150.00

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

Maria C Callejas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/00

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 D  
STREET ADDRESS VANDENBERG, PETER JR  
CITY-ST-ZIP C/O TRIVEST, INC. 2665 S. BAYSHORE DR. 800  
MIAMI FL 3313

TITLE ☐ Change ☒ Addition  
NAME COB  
STREET ADDRESS Earl W. Powell  
CITY-ST-ZIP 2665 S. Bayshore Dr., 8th FL  
Miami FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME P/CEO  
STREET ADDRESS James C. Guice  
CITY-ST-ZIP 1505 University Dr., Ste 300  
Coral Springs FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME EVP/CEO  
STREET ADDRESS Darryl Cornell  
CITY-ST-ZIP 1505 University Dr, Ste 300  
Coral Springs, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VP/C  
STREET ADDRESS Thomas Mata  
CITY-ST-ZIP 1505 University Dr., Ste 300  
Coral Springs, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME AS  
STREET ADDRESS Marilyn D. Kuttner  
CITY-ST-ZIP 2665 S. Bayshore Dr. 8th FL  
Miami FL

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:

M. Callejas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00 305/858-2200

CR2E034 (9/99)

SP