

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000110600**

1. Entity Name

**TEAM CHEF, INC.****FILED****Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90021 006 \*\*\*150.00

Principal Place of Business

**9150 GREAT HERON CIRCLE  
ORLANDO FL 32836**

Mailing Address

**9150 GREAT HERON CIRCLE  
ORLANDO FL 32836**

2. Principal Place of Business

**5239 John Young Pkwy**

Suite, Apt. #, etc.

**Suite 210**

City &amp; State

**Orlando, FL**Zip  
**32838**

Country

**U.S.A.**

3. Mailing Address

**5239 John Young Pkwy**

Suite, Apt. #, etc.

**Suite 210**

City &amp; State

**Orlando, FL**Zip  
**32838**

Country

**U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**74-2942507**

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

**MOORE, MICHAEL L ESQ.  
5458 HOFFNER AVE., STE. 303  
ORLANDO FL 32812**

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**D  
Dominique Wilkins  
9150 Great Heron Circle  
Orlando, FL 32836**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**VP/T  
Nicole Wilkins  
9150 Great Heron Circle  
Orlando, FL 32836**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**P/S  
Dana Patterson  
459 Spanish Trace Drive  
Altamonte Springs, FL 32714**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)