

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003717

**FILED**  
**Jan 21, 2018**  
**Secretary of State**  
**CC0050917441**

**Entity Name:** TRANSPORTATION AND EXPRESSWAY AUTHORITY  
MEMBERSHIP OF FLORIDA (TEAMFL), INC.

**Current Principal Place of Business:**

2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803

**Current Mailing Address:**

2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803 US

**FEI Number: 59-3461164**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HARTNETT, ROBERT C  
2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name FULLER, VAN  
Address 4400 E. HWY 20, SUITE 403  
City-State-Zip: NICEVILLE FL 32578

Title PCEO  
Name HARTNETT, ROBERT C  
Address 2121 CAMDEN RD SUITE B  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name MERCER, ATLEE  
Address ONE COURTHOUSE SQUARE  
SUITE 4700  
City-State-Zip: KISSIMMEE FL 34741

Title S  
Name HIDEN, KELLY  
Address 13014 N. DALE MABRY HIGHWAY  
SUITE 820  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name RICH, A. WAYNE  
Address 390 NORTH ORANGE AVENUE  
SUITE 1400  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name BAUMAN, MIKE  
Address 2601 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name ELY, JIM  
Address 501 E. TENNESSEE ST., SUITE C  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name FORD, NATHANIEL SR.  
Address 121 N. FORSYTH ST.  
City-State-Zip: JACKSONVILLE FL 32202

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT C. HARTNETT**

**PRES./CEO**

**01/21/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VICE-CHAIRMAN  
Name PENDERGRASS, CECIL  
Address PO BOX 398  
City-State-Zip: FORT MYERS FL 33902

Title DIRECTOR  
Name HOLTZMAN, SONNY  
Address 2121 PONCE DE LEON BLVD.  
SUITE 1280  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name CASSIDY, VINCE  
Address 2121 CAMDEN ROAD  
SUITE B  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name HATTAWAY, BILLY  
Address CITY HALL  
400 S. ORLANDO AVE.  
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR  
Name HOWSE, RONALD  
Address 605 SUWANNEE STREET, MAIL  
STATION 9  
City-State-Zip: TALLAHASSEE FL 32399

Title DIRECTOR  
Name MEYER, ARTHUR  
Address 2121 CAMDEN ROAD  
SUITE B  
City-State-Zip: ORLANDO FL 32803

Title TREASURER  
Name PARKS, SEAN  
Address 315 W. MAIN ST.  
City-State-Zip: TAVARRES FL 32778