

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003717

**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC8190916666**

**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: No**

**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 T  
Name VEST, JIM  
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 CHAIRMAN  
Name MERCER, ATLEE  
Address ONE COURTHOUSE SQUARE  
SUITE 4700  
City-State-Zip: KISSIMMEE FL 34741

Title S  
Name VANDERPOL, JACKIE  
Address 3236 NO. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32803

Title VC  
Name STOKES, CURTIS  
Address 1104 EAST TWIGGS STREET, SUITE  
100  
City-State-Zip: TAMPA FL 33602

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

**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 HARTNETT**

**PRESIDENT/CEO**

**01/29/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FORD, NATHANIEL SR.  
Address 100 NORTH MYRTLE AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

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

Title DIRECTOR  
Name SANABRIA, GONZALO  
Address 1500 SAN REMO AVENUE  
SUITE 110  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name WALTER, KETCHAM JR.  
Address 901 N. LAKE DESTINY ROAD  
SUITE 450  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name SCACCETTI, DIANE  
Address PO BOX 313069  
City-State-Zip: OCOEE FL 34761

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