

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90638 035 ****61.25

DOCUMENT # N01000008019



1. Entity Name
REGIONAL COOPERATIVE ALLIANCE, INC.

Principal Place of Business
**9455 KOGER BLVD. STE 219
ST PETERSBURG FL 33702**

Mailing Address
**9455 KOGER BLVD. STE 219
ST PETERSBURG FL 33702**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

CHECK HERE IF MAKING CHANGES
66-0033581

26-0033581

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~PUMARIEGA, MANNY L. EX DIR.~~
**TAMPA BAY REGIONAL PLANNING COUNCIL
9455 KOGER BLVD, STE 219
ST PETERSBURG FL 33702**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, STEVE	
STREET ADDRESS	7530 LITTLE ROAD SUITE 340	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SHEEN TODD, BARBARA COM.	
STREET ADDRESS	315 COURT ST	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALOOF, MARY	
STREET ADDRESS	10 PARADISE LANE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	VON HAHMANN, JANE W COM.	
STREET ADDRESS	PO BOX 1000	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KING, JERRY CNCLMAN	
STREET ADDRESS	6209 SOARING AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITESEL, PAT MAYOR	
STREET ADDRESS	407 21ST AVENUE WEST	
CITY-ST-ZIP	PALMETTO FL 34220	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis, Wilhelmina	
STREET ADDRESS	P. O. Box 756	
CITY-ST-ZIP	Riverview, FL 33569	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kersteen, Robert	
STREET ADDRESS	2821 61st Lane N	
CITY-ST-ZIP	St Petersburg FL 33710	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kynes, Deborah	
STREET ADDRESS	P. O. Box 1348	
CITY-ST-ZIP	Dunedin, FL 34697-1348	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Platt, Jan	
STREET ADDRESS	P. O. Box 1110	
CITY-ST-ZIP	Tampa, FL 33601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shikarpuri, Shan	
STREET ADDRESS	33920 US Hwy 19 N., Ste 290	
CITY-ST-ZIP	Palm Harbor, FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zayac, Keith	
STREET ADDRESS	750 Main Street	
CITY-ST-ZIP	Safety Harbor, FL 34695	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/14/03

CR2E037 (10/02)