

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N36977**

1. Entity Name

**SOCIETY FOR THE TECHNOLOGICAL ADVANCEMENT OF REP**

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90025 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

222 S. WESTMONTE DR.  
 #101  
 ALTAMONTE SPRINGS FL 32714

P.O. BOX 150127  
 ALTAMONTE SPRINGS FL 32715-0127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3308744**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAUTTER, TINA**  
 222 S. WESTMONTE DR., #101  
 ALTAMONTE SPRINGS FL 32714

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D LYON, S**  
 STREET ADDRESS **5899 NEW PEACHTREE RD, 100**  
 CITY-ST-ZIP **ATLANTA GA 30340**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T MOBLEY, TODD**  
 STREET ADDRESS **334 S. MAIN ST**  
 CITY-ST-ZIP **DAYTON OH 45402**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D KAUTTER, TINA**  
 STREET ADDRESS **222 S WESTMONTE DR**  
 CITY-ST-ZIP **ALTAMONTE SPGS FL 32714**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P GREENSPAN, R**  
 STREET ADDRESS **67 SW 114 TERR**  
 CITY-ST-ZIP **CORAL SPGS FL 33071**

TITLE  Change  Addition  
 NAME **P Rennillo, Louis**  
 STREET ADDRESS **1301 E 9th St**  
 CITY-ST-ZIP **Cleveland OH 44114**

TITLE  Delete  
 NAME **D BIENENSTOCK, LAUREN**  
 STREET ADDRESS **30800 TELEGRAPH RD 2985**  
 CITY-ST-ZIP **BINGHAM FARMS MI 48025**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D Mudrick, Lisa**  
 STREET ADDRESS **120 S Olive Ave #500**  
 CITY-ST-ZIP **West Palm Beach FL 33401**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

407-774-7880

Daytime Phone #

CR2E037 (9/99)