

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002749

1. Entity Name

SUNCOAST TECHNOLOGY ALLIANCE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90143 047 ****61.25

Principal Place of Business

Mailing Address

1819 MAIN STREET #240
 SARASOTA FL 34236

1819 MAIN STREET #240
 SARASOTA FL 34236-5993

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0858641

Applied For

Not Applicable

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

MIDDLEBROOKS, J H
 WILLIAMS, PARKER, HARRISON, ET. AL.
 200 SOUTH ORANGE AVENUE
 SARASOTA FL 34236

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	D	<input checked="" type="checkbox"/> Delete
NAME	GRASS, KARL	
STREET ADDRESS	2805 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENFIELD, GORDON	
STREET ADDRESS	6432 PARKLAND DRIVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARSHBARGER, AL	
STREET ADDRESS	POST OFFICE BOX 110	
CITY-ST-ZIP	TAMPA FL 33601-0110	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBERT, DIANE	
STREET ADDRESS	POST OFFICE BOX 321	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKINNEY, BARBARA	
STREET ADDRESS	1749 INDEPENDENCE BLVD. #C-5	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAMBERRINO, FRANK	
STREET ADDRESS	1819 MAIN STREET #240	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASSIS, DR. MICHAEL	
STREET ADDRESS	5700 N. TAMiami TR.	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARBONNEAU, MARY	
STREET ADDRESS	P.O. BOX 110	
CITY-ST-ZIP	TAMPA, FL 33601-0010	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURFEE, KATHY	
STREET ADDRESS	6311 ATRIUM DR. #206	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, Jim	
STREET ADDRESS	2015 CATTLEMEN RO.	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEVRON, GLENN	
STREET ADDRESS	2805 FRUITVILLE RD	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWLER, JOHN	
STREET ADDRESS	425 19th ST. CT. W	
CITY-ST-ZIP	BRADENTON FL 34205	

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: *DIANE LAMBERT* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 941-748-4842x126
 Date Daytime Phone #

CRE037 (9/99)