

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90045 033 ****61.25

DOCUMENT # N98000002749
 1. Entity Name
SUNCOAST TECHNOLOGY ALLIANCE, INC.

Principal Place of Business Mailing Address
1819 MAIN STREET #240 **1819 MAIN STREET #240**
SARASOTA FL 34236 **SARASOTA FL 34236**

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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BASSIS, MICHAEL DR	
STREET ADDRESS	5700 N TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENFIELD, GORDON	
STREET ADDRESS	6432 PARKLAND DRIVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARBONNEAU, MARY	
STREET ADDRESS	P O BOX 110	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, DIANE	
STREET ADDRESS	POST OFFICE BOX 321	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURFREE, KATHY	
STREET ADDRESS	6311 ATRIUM DRIVE, #206	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JIM	
STREET ADDRESS	2015 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL 34232	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM L. NEMANICK	
STREET ADDRESS	106 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN D. BAYLIS	
STREET ADDRESS	1819 MAIN ST. - SUITE 240	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALERIE STAFFORD-MALLIS	
STREET ADDRESS	222 10TH ST. WEST	
CITY-ST-ZIP	BRADENTON, FL 34206	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN CHAPMAN	
STREET ADDRESS	2501 63RD AVE. EAST	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William L. Nemanick* **WILLIAM L. NEMANICK** 3/27/01 (941) 922-3800 X 1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)