

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90295 033 \*\*\*\*61.25

**DOCUMENT # N98000002749**

1. Entity Name

**SUNCOAST TECHNOLOGY ALLIANCE, INC.**

Principal Place of Business

Mailing Address

1819 MAIN STREET #240  
 SARASOTA FL 34236

1819 MAIN STREET #240  
 SARASOTA FL 34236

2. Principal Place of Business

1945 FRUITVILLE ROAD

3. Mailing Address

1945 FRUITVILLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0858641

Applied For

Not Applicable

Zip

34236

Country

Zip

34236

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

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 \_\_\_\_\_ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NEMANICK, WILLIAM L	
STREET ADDRESS	106 CATTLEMAN ROAD	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAYLIS, KATHLEEN D	
STREET ADDRESS	1819 MAIN ST SUITE 240	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" 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	STAFFORD MALLIS, VALERIE	
STREET ADDRESS	222 10TH ST WEST	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURFREE, KATHY	
STREET ADDRESS	6311 ATRIUM DRIVE, #206	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, KEN	
STREET ADDRESS	2501 63RD AVE EAST	
CITY-ST-ZIP	BRADENTON FL 34203	

TITLE	DIRECTOR AND TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMANICK, WILLIAM L	
STREET ADDRESS	2501 63RD AVE. EAST, SUITE 100	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DANIEL	
STREET ADDRESS	4808 PEREGRINE POINT CIRCLE WEST	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTT, DALE	
STREET ADDRESS	7405 N. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAYLIS, KATHLEEN D.	
STREET ADDRESS	1945 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	DIRECTOR AND SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODFRIEND, STEVE	
STREET ADDRESS	5459 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 34232	
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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2002 (941) 739-4556  
 Date Daytime Phone #

CRE037 (9/01)