

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0076023

DOCUMENT # N98000004460

1. Entity Name

SUNCOAST SCHOOL FOR INNOVATIVE STUDIES, INC.

05-17-2001 91315 011 ****61.25

Principal Place of Business

2033 MAIN STREET #101
 600
 SARASOTA FL 34237

Mailing Address

2033 MAIN STREET #101
 600
 SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

City & State

4. FEI Number

65-0854393

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

J. GEOFFREY PFLUGNER
 2033 MAIN STREET #101
~~600~~
 SARASOTA FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

2033 Main Street

Suite 600

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	PD	<input type="checkbox"/> Delete
NAME	MESSINA, LAURIE	
STREET ADDRESS	2033 MAIN STREET #101	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PALADIN, LINDA	
STREET ADDRESS	2033 MAIN STREET #101	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLANKENSHIP, PHILLIP	
STREET ADDRESS	1806 WOODHAVEN CIR	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HANSER, STACY	
STREET ADDRESS	2826 JAMAICA ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRYER, TRACY	
STREET ADDRESS	4121 BARKSHIRE DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISSINA MESSINA, LAURIE	
STREET ADDRESS	2332 Arden Drive	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirchner, Jan	
STREET ADDRESS	1315 Landings Dr.	
CITY-ST-ZIP	Sarasota FL 34231	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suczewski, Diane	
STREET ADDRESS	1955 Rolling Green	
CITY-ST-ZIP	Sarasota FL 34230	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Hara, Gordon	
STREET ADDRESS	9320 E. Central Ave.	
CITY-ST-ZIP	Wichita, KS 67206	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fryer, Tracy	
STREET ADDRESS	4121 Berkshire Dr.	
CITY-ST-ZIP	Sarasota FL 34241	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stoken, Lisa	
STREET ADDRESS	232 Cedar Park Circle	
CITY-ST-ZIP	Sarasota FL 34242	

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: *Stacy Fryer* REQUIRED

5-1-01 (941)952-5277

CR2E037 (10/00)