

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2000 8:00 am**
Secretary of State

02-08-2000 90046 046 ***150.00

DOCUMENT # F99000000270

1. Entity Name

INFORMATION TECHNOLOGY ADVISORS AND CONSULTANTS,

Principal Place of Business

Mailing Address

6480 ROCKSIDE WOODS BLVD., SOUTH #330
CLEVELAND OH 441316480 ROCKSIDE WOODS BLVD., SOUTH #330
CLEVELAND OH 44131-2222**612055**

2. Principal Place of Business

3. Mailing Address

200 S. BISCAYBE BLVD**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 1700

City & State

City & State

MIAMI, FL

Zip

Zip

33131

Country

USA

Country

4. FEI Number

34-1880216

Applied

Not Applied

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **REEVES, KEITH W**
STREET ADDRESS **6480 ROCKSIDE WOODS BLVD., SOUTH #330**
CITY-ST-ZIP **CLEVELAND OH 44131**TITLE **EXECUTIVE VICE PRESIDENT** ☐ Change ☒
NAME **FRED M. WINKLER**
STREET ADDRESS **6480 ROCKSIDE WOODS BLVD. S., STE 330**
CITY-ST-ZIP **INDEPENDENCE, OH 44131**TITLE **S** ☐ Delete
NAME **RUTIGLIANO, BARBARA A**
STREET ADDRESS **6480 ROCKSIDE WOODS BLVD., SOUTH #330**
CITY-ST-ZIP **CLEVELAND OH 44131**TITLE **PRESIDENT** ☐ Change ☒
NAME **MICHAEL DESAITO**
STREET ADDRESS **200 S. BISCAYBE BLVD., STE 1700**
CITY-ST-ZIP **MIAMI, FL 33131**TITLE **T** ☒ Delete
NAME **BRADFORD, JOCELYN A**
STREET ADDRESS **6480 ROCKSIDE WOODS BLVD., SOUTH #330**
CITY-ST-ZIP **CLEVELAND OH 44131**TITLE ☐ Change ☐
NAME ☐ Change ☐
STREET ADDRESS ☐ Change ☐
CITY-ST-ZIP ☐ Change ☐TITLE ☐ Delete
NAME ☐ Change ☐
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CITY-ST-ZIP ☐ Change ☐

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL DESAITO**1-31-00 (305)377-1111**