

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90296 031 ****61.25

DOCUMENT # N02000001821

1. Entity Name

SUNCOAST BUSINESS ALLIANCE, INC.



Principal Place of Business

**201 N FRANKLIN STREET SUITE 2200
TAMPA FL 33602**

Mailing Address

**201 N FRANKLIN STREET SUITE 2200
TAMPA FL 33602**

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

74-3031464

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**OTTINGER, DAVID J
201 N FRANKLIN STREET SUITE 2200
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COHEN, MICHAEL A | |
| STREET ADDRESS | 401 E JACKSON ST SUITE 2900 | |
| CITY-ST-ZIP | TAMPA FL 33602 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OTTINGER, DAVID J | |
| STREET ADDRESS | 201 N FRANKLIN STREET SUITE 2200 | |
| CITY-ST-ZIP | TAMPA FL 33602 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GROOVER, ROBERT | |
| STREET ADDRESS | 1101 CHANNELSIDE DRIVE SUITE 311 | |
| CITY-ST-ZIP | TAMPA FL 33602 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | PRESIDENT / D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, MICHAEL A. | |
| STREET ADDRESS | 401 E. JACKSON ST. Suite 2900 | |
| CITY-ST-ZIP | TAMPA, FL 33602 | |
| TITLE | SECRETARY / D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OTTINGER, DAVID | |
| STREET ADDRESS | 201 N. FRANKLIN ST. SRE 2200 | |
| CITY-ST-ZIP | TAMPA, FL 33602 | |
| TITLE | VICE PRESIDENT / D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VAL DERLANA, RICK | |
| STREET ADDRESS | 1101 CHANNELSIDE Dr. Suite 253 | |
| CITY-ST-ZIP | TAMPA, FL 33602 | |
| TITLE | TREASURER / D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gwynn, Darryl | |
| STREET ADDRESS | Bay Cities Bank | |
| CITY-ST-ZIP | 27107 N. Westshore Blvd., Suite 150 | |
| | Tampa, FL 33607-5755 | |
| 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 persons empowered.

SIGNATURE:

SIGNATURE REQUIRED DAVID J. OTTINGER

4/21/03

813-273-5278

CR2E037 (10/02)