

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002749

1. Entity Name

SUNCOAST TECHNOLOGY ALLIANCE, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90143 047 ****61.25

Principal Place of Business

Mailing Address

1819 MAIN STREET #240
SARASOTA FL 34236

1819 MAIN STREET #240
SARASOTA FL 34236-5993

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

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

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 **D** ☒ Delete
NAME **GRASS, KARL**
STREET ADDRESS **2805 FRUITVILLE ROAD**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **D** ☐ Change ☒ Addition
NAME **BASSIS, DR. MICHAEL**
STREET ADDRESS **5700 N. TAMiami TR.**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **D** ☐ Delete
NAME **GREENFIELD, GORDON**
STREET ADDRESS **6432 PARKLAND DRIVE**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** ☐ Change ☒ Addition
NAME **CHARBONNEAU, MARY**
STREET ADDRESS **P.O. BOX 110**
CITY-ST-ZIP **TAMPA, FL 33601-0010**

TITLE **D** ☒ Delete
NAME **HARSHBARGER, AL**
STREET ADDRESS **POST OFFICE BOX 110**
CITY-ST-ZIP **TAMPA FL 33601-0110**

TITLE **D** ☐ Change ☒ Addition
NAME **DURFEE, KATHY**
STREET ADDRESS **6311 ATRIUM DR. #206**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **D** ☐ Delete
NAME **LAMBERT, DIANE**
STREET ADDRESS **POST OFFICE BOX 321**
CITY-ST-ZIP **BRADENTON FL 34206**

TITLE **C/D** ☐ Change ☒ Addition
NAME **GREEN, Jim**
STREET ADDRESS **2015 CATTLEMAN RD.**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **D** ☒ Delete
NAME **MCKINNEY, BARBARA**
STREET ADDRESS **1749 INDEPENDENCE BLVD. #C-5**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **S/D** ☐ Change ☒ Addition
NAME **HEYRON, GLENN**
STREET ADDRESS **2805 FRUITVILLE RD**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **D** ☒ Delete
NAME **TAMBERRINO, FRANK**
STREET ADDRESS **1819 MAIN STREET #240**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Change ☒ Addition
NAME **LAWLER, JOHN**
STREET ADDRESS **425 19th ST. CT. W**
CITY-ST-ZIP **BRADENTON FL 34205**

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: *Orange Signature Required* LAMBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 941-748-4842x126

CR2E037 (9/99)