

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90973 034 ****61.25

DOCUMENT # N98000002749

1. Entity Name

SUNCOAST TECHNOLOGY ALLIANCE, INC.



Principal Place of Business

**1945 FRUITVILLE ROAD
SARASOTA FL 34236**

Mailing Address

**1945 FRUITVILLE ROAD
SARASOTA FL 34236**

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

**MIDDLEBROOKS, J H
WILLIAMS, PARKER, HARRISON, ET. AL
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|--------------------------------|--------------------|---------------------------------|
| D | NEMANICK, WILLIAM L | 2501 63 AVE. E.; STE. 100 | BRADENTON FL 34203 | <input type="checkbox"/> |
| D | MILLER, DANIEL | 4808 PEREGRINE PT. CIRCLE WEST | SARASOTA FL 34231 | <input type="checkbox"/> |
| D | OTT, DALE | 7405 N. TAMiami TRAIL | SARASOTA FL 34234 | <input type="checkbox"/> |
| D | BAYLIS, KATHLEEN D | 1945 FRUITVILLE ROAD | SARASOTA FL 34236 | <input type="checkbox"/> |
| D | GOODFRIEND, STEVE | 5459 FRUITVILLE ROAD | SARASOTA FL 34232 | <input type="checkbox"/> |
| D | CHAPMAN, KEN | 2501 63RD AVE EAST | BRADENTON FL 34203 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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* **Treasurer** 2/19/03 (941) 739-4596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)