

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90005 009 \*\*\*\*61.25

**DOCUMENT # N99000004008**

1. Entity Name

**SPACE COAST INTERNET ALLIANCE, INC.**

Principal Place of Business

Mailing Address

170 PARADISE BLVD #10  
 INDIALANTIC FL 32903

170 PARADISE BLVD #10  
 INDIALANTIC FL 32903-2434

2. Principal Place of Business

3. Mailing Address

**200 OCEAN AVE**

**200 OCEAN AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**202**

**202**

City & State

City & State

**MELBOURNE BEACH, FL**

**MELBOURNE BEACH, FL**

Zip

Country

Zip

Country

**32951**

**US**

**32951**

**US**

4. FEI Number

Applied For

**59-3598270**

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

**PHELAN, SEAN**  
 170 PARADISE BLVD #10  
 INDIALANTIC FL 32903

Name **SEAN PHELAN**

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

**200 OCEAN AVE STE. 202**

City **MELBOURNE BEACH FL**

Zip Code **32951**

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:**  
**FEES 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PHELAN, SEAN</b>	
STREET ADDRESS	<b>170 PARADISE BLVD #10</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHELAN, SEAN</b>	
STREET ADDRESS	<b>200 OCEAN AVE SUITE 202</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH, FL 32951</b>	

TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>AWTREY, HALA</b>	
STREET ADDRESS	<b>170 PARADISE BLVD #10</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	

TITLE	<b>ST D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AWTREY, HALA</b>	
STREET ADDRESS	<b>781 MARSAILLE DRIVE SUITE D</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	

TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEAVER, JODY</b>	
STREET ADDRESS	<b>170 PARADISE BLVD #10</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, ROBERT</b>	
STREET ADDRESS	<b>206 SAND DOLLAR ROAD</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOWLING, GEORGE</b>	
STREET ADDRESS	<b>249 POINCIANA DRIVE</b>	
CITY-ST-ZIP	<b>INDIAN HARBOUR, FL 32937</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOBBS, WARREN</b>	
STREET ADDRESS	<b>1801 N. WICKHAM ROAD SUITE 5</b>	
CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHUERGER, CHARLES</b>	
STREET ADDRESS	<b>950 LEVITT PKWY</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>	

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:** *Signature of Sean Phelan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**13 Mar 2000** (321) 984-0211

Date

Daytime Phone #

CR2E037 (9/99)

Doc# N99000004008

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Additional Directors:

Title: D  
Name: Awtrey, Anthony  
Address: 781 Marsaille Drive Suite D  
City, State & Zip: Indialantic, FL 32903

Title: D  
Name: Bell, Kathryn  
Address: 103 East Nelson Avenue  
City, State & Zip: Melbourne, FL 32935

Title: D  
Name: Hall, Stephen  
Address: 4425 Crooked Mile Road  
City, State & Zip: Merritt Island, FL 32952

Title: D  
Name: McInarnay, Arlene  
Address: 3830 HWY A1A, PMB C-3 #125  
City, State & Zip: Melbourne Beach, FL 32951

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