

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730206

1. Entity Name

THE HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION, I

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90298 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

39 COLUMBIA DRIVE  
P.O. BOX 31127 (336313127)  
TAMPA FL 33606-3584

39 COLUMBIA DRIVE  
P.O. BOX 31127 (336313127)  
TAMPA FLA. 33606-3584

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1810717

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SALEM, RICHARD J  
101 EAST KENNEDY BLVD  
SUITE 3200  
TAMPA FL 33602

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 MEHLTRETTER, JAMES R  
STREET ADDRESS 39 COLUMBIA DR  
CITY-ST-ZIP TAMPA FL

TITLE C/D ☐ Change ☒ Addition  
NAME Fernandez, Ernest Jr.  
STREET ADDRESS 39 Columbia Drive  
CITY-ST-ZIP Tampa, FL

TITLE VD ☐ Delete  
NAME GARCIA, ROBERT P.  
STREET ADDRESS 39 COLUMBIA DR.  
CITY-ST-ZIP TAMPA FL

TITLE S/D ☐ Change ☒ Addition  
NAME Mincey, Karen M.  
STREET ADDRESS 39 Columbia Drive  
CITY-ST-ZIP Tampa, FL

TITLE TD ☐ Delete  
NAME FEE, RICHARD  
STREET ADDRESS 39 COLUMBIA DR  
CITY-ST-ZIP TAMPA FL

TITLE M ☐ Change ☒ Addition  
NAME Leonard, Gerald M.  
STREET ADDRESS 39 Columbia Drive  
CITY-ST-ZIP Tampa, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald M. Leonard 01/07/00

Date

(813) 253-7014

Daytime Phone #

CR2E037 (9/99)