

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90013 036 ****70.00

DOCUMENT # N25149

1. Entity Name

HILLSBOROUGH EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

2010 E. HILLSBOROUGH AVE
 SUITE 212
 TAMPA FL 33610

2010 E. HILLSBOROUGH AVE
 SUITE 212
 TAMPA FL 33610-8255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2883361

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

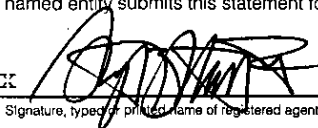
7. Name and Address of New Registered Agent

LUBRANO, ANDREW J.
 101 E KENNEDY BV
 STE 3700
 TAMPA FL 33602

Name **Stephen B. Straske II**
 Street Address (P.O. Box Number is Not Acceptable)
Hill, Ward, & Henderson, PA., Suite 3700
101 E. Kennedy Blvd.
 City **Tampa** **FL** Zip Code **33602**

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



Jan. 18, 2000

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 <input type="checkbox"/> Delete
NAME	DINGLE, PHILLIP S
STREET ADDRESS	3501 E. FRONTAGE RD
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	BOEHM, TERRY
STREET ADDRESS	2010 E. HILLSBOROUGH AVE #212
CITY-ST-ZIP	TAMPA FL 33610
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	HARRY F. SHERAW
STREET ADDRESS	520 GRAND REGENCY BLVD
CITY-ST-ZIP	BRANDON FL
TITLE	D <input type="checkbox"/> Delete
NAME	HENTHORNE, KEITH
STREET ADDRESS	3507 FRONTAGE RD., STE 180
CITY-ST-ZIP	TAMPA FL 33607
TITLE	D <input type="checkbox"/> Delete
NAME	Amy Spinberg
STREET ADDRESS	10102 Whitetrot Lane
CITY-ST-ZIP	Tampa, FL 33618
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P? <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P? <input checked="" 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	
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 another like empowered.

SIGNATURE  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-21-2000 *813-236-1926*
 Date Daytime Phone #

CR2E037 (9/99)