2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am DOCUMENT # N25149 Secretary of State 1. Entity Name 03-29-2001 90403 024 ****61.25 HILLSBOROUGH EDUCATION FOUNDATION, INC. Principal Place of Business Mailing Address 2010 E. HILLSBOROUGH AVE 2010 E. HILLSBOROUGH AVE SUITE 212 SUITE 212 D0029428 TAMPA FL 33610 **TAMPA FL 33610** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2883361 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Kevin H. Sutton Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Boulevard STRASKE, STEPHEN B II 101 EAST KENNEDY BOULEVARD Suite 3700 **SUITE 3700** TAMPA FL 33602-0000 Tampa 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 printe 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Director/Secretary/Treasurer Change TITLE ☐ Delete TITLE NAME DINGLE, PHILLIP S NAME STREET ADDRESS STREET ADDRESS 3501 E. FRONTAGE RD CITY-ST-ZIP CiTY-ST-ZIP TAMPA FL Director/President TITI F D ☐ Delete TITI F XX Change ☐ Addition NAME **BOEHM, TERRY** NAME STREET ADDRESS STREET ADDRESS 2010 E. HILLSBOROUGH AVE #212 CITY-ST-ZIP CITY-ST-ZIP.... **TAMPA FL 33610** Director/Vice Chairman TITLE ☐ Delete TITLE XX Change ■ Addition NAME HARRY F. SHERAW NAME Amy Shimberg STREET ADDRESS STREET ADDRESS 10102 White Trout Lane 520 GRAND REGENCY BLVD CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** Tampa, FL 33618 TITLE ☐ Delete Director/Chairman √ Change ☐ Addition NAME HENTHORNE, KEITH STREET ADDRESS STREET ADDRESS 3507 FRONTAGE RD., STE 180 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-0

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