

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004700**

1. Entity Name

THE HILLSBOROUGH CONSORTIUM FOR TECHNOLOGY AND E**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90075 031 ****61.25

Principal Place of Business

Mailing Address

**2110 NORTH BOULEVARD
TAMPA FL 33603****P.O. BOX 360407
TAMPA FL 33673-0407****00020070**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2110 North Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

4. FEI Number

31-1579966

Applied For

Not Applicable

Zip
33602

Country

Zip
33602Country
U.S.A.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

**WILSON, TERRY
5109 RIVER BOULEVARD
TAMPA FL 33603**

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete		PD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	GONZALEZ, MARY	14118 VILLAGE VIEW DRIVE	TAMPA FL 33624			Gonzalez, Mary	10701 Stallgate Drive	Tampa, FL 33624	
	STD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WILSON, TERRY	5109 RIVER BLVD.	TAMPA FL 33603						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NORWOOD, WILLIE	9858 GILCHRIST DRIVE	SEFFNER FL 33584						
				<input type="checkbox"/> Delete		MD			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Wilson, Elizabeth	5109 River Boulevard	Tampa, FL 33603						
				<input type="checkbox"/> Delete		VD			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Luiaconi, Cynthia	12009 Wandsworth Drive	Tampa, FL 33626						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Elizabeth Wilson

2/20/01

Date

813/223-6083

Daytime Phone #

CR2E037 (10/00)