

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90829 012 \*\*\*\*61.25

**DOCUMENT # 730206**

1. Entity Name

**THE HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION, I  
NC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1810717**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Dr. Adrienne M. Garcia**

Street Address (P.O. Box Number is Not Acceptable)  
**39 Columbia Drive**

City

**Tampa**

**FL**

Zip Code

**33606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Adrienne M. Garcia*

**1/8/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete  
NAME **PROCTOR, MARK**  
STREET ADDRESS **39 COLUMBIA DR**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **C/D** ☒ Change ☐ Addition  
NAME **Hincey, Karen M.**  
STREET ADDRESS **39 Columbia Dr.**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **TD** ☐ Delete  
NAME **PETERSON, CHARLES**  
STREET ADDRESS **39 COLUMBIA DR.**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **V/D** ☒ Change ☐ Addition  
NAME **Fralick, Frank E.**  
STREET ADDRESS **39 Columbia Dr.**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **SD** ☐ Delete  
NAME **FRALICK, FRANK**  
STREET ADDRESS **39 COLUMBIA DR**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **S/D** ☐ Change ☒ Addition  
NAME **Fee, Richard D.**  
STREET ADDRESS **39 Columbia Dr.**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **D** ☒ Delete  
NAME **FERNANDEZ, ERNEST J**  
STREET ADDRESS **39 COLUMBIA DR**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☒ Change ☐ Addition  
NAME **Proctor, Mark**  
STREET ADDRESS **39 Columbia Dr.**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **VD** ☐ Delete  
NAME **MINCEY, KAREN M**  
STREET ADDRESS **39 COLUMBIA DR**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **M** ☐ Change ☒ Addition  
NAME **Garcia, Adrienne M.**  
STREET ADDRESS **39 Columbia Dr.**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **M** ☒ Delete  
NAME **LEONARD, GERALD M**  
STREET ADDRESS **39 COLUMBIA DR**  
CITY-ST-ZIP **TAMPA FL**

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:

*Adrienne M. Garcia*

**Adrienne M. Garcia 01/08/03 (813) 253-7014**

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT REQUIRED

CR2E037 (10/02)