

4/9/02

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91191 027 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # G88556**

1. Entity Name

ACHIEVEMENT CENTER OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business

4601 E. BUSCH BLVD.  
 TAMPA FL 33617

Mailing Address

4601 E. BUSCH BLVD.  
 TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2381051

Applied For

Not Applicable

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

LA BARBERA, FLORA  
 4601 E. BUSCH BLVD.  
 TAMPA FL 33617

Name HERNANDEZ, VINCENT

Street Address (P.O. Box Number is Not Acceptable)

4601 E. Busch BlvdTampa FL 33617

City

FL

Zip Code

33617

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PTD	LA BARBERA, FLORA	4601 E. BUSCH BLVD.	TAMPA FL	<input checked="" type="checkbox"/>
S	HERNANDEZ, BETY	3516 N PERRY AVE	TAMPA FL 33603	<input checked="" type="checkbox"/>
VSD	HERNANDEZ, VINCENT	6328 N QUEENS WAY DR	TEMPLE TERRACE FL 33617	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
PTD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vincent E. Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

Date

(813) 988-1999

Daytime Phone #

CR2E034 (9/01)