FILED
Apr 14, 2003 8:00 am
Secretary of State
01-23-2003 90159 028 ****61.25

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

1/23/

DOCUMENT # N01000003088

1. Entity Name
CENTRAL CITY ELEMENTARY SCHOOL OF TAMPA, INC.

Principal Place of Business	Mailing Address
3916 E. HILLSBOROUGH AVENUE TAMPA FL 33614	3916 E. HILLSBOROUGH AVENUE TAMPA FL 33614

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3715146 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Fee Required additional

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, FLORAN CPA 1714 WEST CASS STREET TAMPA FL 33606	Name: THOMAS, FLORAN=CPA Street Address (P.O. Box Number is Not Acceptable): CORPORATE CENTER ONE 23027N. WESTSHORE BLVD. City: TAMPA FL Zip Code: 33607

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 _____ DATE

Signature required of registered agent and new agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / N 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILDS, JETIE B JR. 10405 GREENRIDGES DRIVE TAMPA FL 33626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE SHAW 3916 E. HILLSBOROUGH AVE TAMPA, FL 33610	☐ Chan ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT HARRIS, HOWARD 2409 RIDGEWOOD AVENUE TAMPA FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTHONY BROOKS 13850 SHELDON ROAD TAMPA, FL 33626	☐ Chan ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WARE, LEE PO BOX 270435 TAMPA FL 33688-0435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Chang ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPITANO, JOSEPH SR 1902 NORTH 19TH STREET TAMPA FL 33605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT	☒ Chang ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRICK, RONALD 730 SOUTH STERLING STE 200 TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER	☒ Chang ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, BARRY DR 5422 EAST RIVERHILLS DRIVE TAMPA FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OK	☒ Chang ☐ Addition

CR2E037 (10/02)

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 and/or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/10/03 239-9227

Signature and typed or printed name of individual with authority to sign on behalf of corporation (Required) — Date — Daytime Phone Number