

<b>DOCUMENT # N13702</b>	
1. Entity Name <b>HILLSBOROUGH COUNTY CENTER OF EXCELLENCE, INC.</b>	

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90046 043 \*\*\*\*70.00

Principal Place of Business <b>7406 N. DIXON TAMPA FL 33604 US</b>	Mailing Address <b>P.O BOX 291447 TEMPLE TERRANCE FL 33687 US</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-2648954</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GILMORE, RICARDO L 101 E. KENNEDY BOULEVARD SUITE 3200 TAMPA FL 33602</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CARLEY, SYLVIA M 7406 N. DIXON TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RIGGS, CARL USF/CEMSCT-SCA 464 TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HORTON, SAM 8003 JACKSON SPR. RD. TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PEEPLES, TANNIA ONE NORTH DALE MABRY TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOWRY, LEON A 900 DELWARE AVENUE NORTH TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Margaret R. Lindsey 1/4/01 813-9744858  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #