

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90078 036 \*\*\*\*\*70.00

**DOCUMENT # N13702**

1. Entity Name

**HILLSBOROUGH COUNTY CENTER OF EXCELLENCE, INC.**

Principal Place of Business

Mailing Address

**7406 N. DIXON  
TAMPA FL 33604  
US**

**P.O BOX 291447  
TEMPLE TERRANCE FL 33687  
US**

2. Principal Place of Business

3. Mailing Address

**7406 N. Dixon**  
Suite, Apt. #, etc.

**PO Box 291447**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

**Tampa, FL**

**Temple Terrace, FL**

Zip **33604**

Country **USA**

Zip **33687**

Country **USA**

4. FEI Number

**59-2648954**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILMORE, RICARDO L  
101 E. KENNEDY BOULEVARD  
SUITE 3200  
TAMPA FL 33602**

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 **VD** ☐ Delete  
NAME **CARLEY, SYLVIA M**  
STREET ADDRESS **7406 N. DIXON**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RIGGS, CARL**  
STREET ADDRESS **USF/CEMSCT-SCA 464**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **HORTON, SAM**  
STREET ADDRESS **8003 JACKSON SPR. RD.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LOWRY, LEON A**  
STREET ADDRESS **900 DELWARE AVENUE NORTH**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**JOHN KELLEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/15/02 813-727-6460**

CR2E037 (9/01)