

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005944

1. Entity Name

HILLSBOROUGH TOMORROW INC

Principal Place of Business
400 N ASHLEY DR
STE 2300
TAMPA FL 33602

Mailing Address
PO BOX 1288
TAMPA FL 33601

FILED

01 MAY 22 PM 2: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

59-3427626

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTERSTATE REGISTERED AGENT CORP
C/O-HOLLAND & KNIGHT LLP
701 BRICKELL AVE STE 3000
MIAMI FL 33131-3209

7. Name and Address of New Registered Agent

Name William H. McBride Jr.

Street Address (P.O. Box Number is Not Acceptable)
400 N Ashley Dr.

Suite 2300

City Tampa

FL

Zip Code 33602

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

William H. McBride Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01

LS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME WILLIAM H McBRIDE JR
STREET ADDRESS 400 N ASHLEY DR STE 2300
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ Change ☒ Addition
NAME CARRIE MONTELIONE
STREET ADDRESS 400 N ASHLEY DR STE 2300
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ Change ☒ Addition
NAME Benjamin A. Eason
STREET ADDRESS 1310 E. 9th Avenue
CITY-ST-ZIP Tampa, FL 33605

TITLE ☐ Change ☐ Addition
NAME 300004431043--8
STREET ADDRESS -06/20/01--01004--011
CITY-ST-ZIP *****428.75 *****428.75

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ 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:

William H. McBride Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

813-222-8500

Daytime Phone #

CR2E037 (11/00)