

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90135 039 ****61.25

DOCUMENT # N96000005944

1. Entity Name

HILLSBOROUGH TOMORROW, INC.

Principal Place of Business

Mailing Address

400 NORTH ASHLEY DRIVE
 SUITE 2300
 TAMPA FL 33602

P.O. BOX 1288
 TAMPA FL 33601

2. Principal Place of Business

3. Mailing Address

1310 E. 9th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33605

Hillsborough

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

7. Name and Address of New Registered Agent

MCBRIDE, WILLIAM H JR.
400 N. ASHLEY DRIVE
STE. 2300
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	D	<input type="checkbox"/> Delete
NAME	MCBRIDE, WILLIAM H JR.	
STREET ADDRESS	400 N. ASHLEY DRIVE, STE. 2300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTELIONE, CARRIE	
STREET ADDRESS	400 N. ASHLEY DRIVE, STE. 2300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	EASON, BENJAMIN A JR.	
STREET ADDRESS	1310 E. 9TH AVENUE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MCBRIDE, WILLIAM H JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, WILLIAM H JR	
STREET ADDRESS	1310 E. 9th Ave	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	MONTELIONE, CARRIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTELIONE, CARRIE	
STREET ADDRESS	1310 E. 9th Ave	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 and empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02 (813) 248-8888

Date Daytime Phone #

CR2E037 (9/01)