

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100996

1. Entity Name

NEW HORIZONS OF HILLSBOROUGH, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90132 026 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O CAROL MCATEE  
 5156 CENTRAL AVENUE  
 ST. PETERSBURG FL 33707

C/O CAROL MCATEE  
 5156 CENTRAL AVENUE  
 ST. PETERSBURG FL 33707-1833

2. Principal Place of Business

1755 W. Brandon Blvd.

3. Mailing Address

1755 W. Brandon Blvd.

Suite, Apt. #, etc.

Suite N

Suite, Apt. #, etc.

Suite N

City & State

Brandon, FL

City & State

Brandon, FL

Zip

33511

Country

Hillsborough

Zip

33511

Country

Hillsborough

6. Name and Address of Current Registered Agent

MCATEE, CAROL  
 5156 CENTRAL AVENUE  
 ST. PETERSBURG FL 33707

4. FEI Number

Applied For

593623685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

7. Name and Address of New Registered Agent

Name

Simon Ottewell

Street Address (P.O. Box Number is Not Acceptable)

1755 W. Brandon Blvd. Suite N

City

Brandon

FL

Zip Code  
 33511

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

9. This corporation is eligible to satisfy its intangible  
 tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME President  
 STREET ADDRESS Mr. Simon Ottewell  
 CITY-ST-ZIP 1755 W. Brandon Blvd.  
 Brandon, FL 33511

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

8126515959

CR2E034 (9/99)