

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731921

1. Entity Name

EAST HILLSBOROUGH HISTORICAL SOCIETY, INC.

Principal Place of Business

605 N COLLINS ST  
PLANT CITY FL 33566

Mailing Address

605 N COLLINS ST  
PLANT CITY FL 33566-3321

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

59-1918624

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

HENRY, J. MYRLE  
102 W. REYNOLDS STREET  
PLANT CITY FL 33566

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 P ☐ Delete  
NAME VERNER, ED  
STREET ADDRESS 3435 MAYDAY DR  
CITY-ST-ZIP PLANT CITY FL 33565

TITLE VP ☐ Change ☒ Add  
NAME BARTA, JUDY  
STREET ADDRESS 5315 KEENE DR.  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VP ☒ Delete  
NAME DIXON, MARTHA  
STREET ADDRESS 6108 VARN RD  
CITY-ST-ZIP PLANT CITY FL 33565

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

TITLE T ☐ Delete  
NAME PRITCHETT, ROBERT  
STREET ADDRESS 337 MT. TAHO LANE  
CITY-ST-ZIP VALRICO FL

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

TITLE S ☐ Delete  
NAME EADY, CAROLYN  
STREET ADDRESS 1222 S WIGGINS RD  
CITY-ST-ZIP PLANT CITY FL

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

TITLE D ☐ Delete  
NAME CHAPPELL, ART  
STREET ADDRESS 645 CAREY PLACE  
CITY-ST-ZIP LAKE LAND FL 33803

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

TITLE D ☐ Delete  
NAME HARWELL, JENNIE  
STREET ADDRESS 4902 US HWY 92 W  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ Change ☐ Add  
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: ROBERT PRITCHETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 JAN 2000

Date

813-757-9226

Daytime Phone #