

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90005 036 ****61.25

DOCUMENT # 731921

1. Entity Name

EAST HILLSBOROUGH HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

**605 N COLLINS ST
 PLANT CITY, FL 33566**

**605 N COLLINS ST
 PLANT CITY FL 33566**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

**BENDER, SHELBY
 1104 W CHERRY ST
 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	<input type="checkbox"/> Delete
NAME	EADY, CAROLYN	
STREET ADDRESS	1222 S WIGGINS RD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	VP	<input type="checkbox"/> Delete
NAME	D'ALESSIO, GENEVIEVE	
STREET ADDRESS	5201 S MUD LAKE RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAYWOOD, ANNE	
STREET ADDRESS	702 N KNIGHT ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HIGGINBOTHAM, DEVON	
STREET ADDRESS	120 S WIGGINS RD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPPELL, ART	
STREET ADDRESS	645 CAREY PLACE	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JAMES	
STREET ADDRESS	5302 S TURKEY CREEK RD	
CITY-ST-ZIP	PLANT CITY FL 33567	

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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Knox, Sylvia	
STREET ADDRESS	4307 HWY 92 EAST	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haney, Marlene	
STREET ADDRESS	1114 N. MARYLAND AVENUE	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barnhill, David	
STREET ADDRESS	206. N. COLLINS STREET	
CITY-ST-ZIP	PLANT CITY, FL 33566	
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 empowered.

SIGNATURE: Marlene Haney **Marlene Haney** 1/17/02 813 659-4200 x 4125
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)