

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007323

FILED
Jan 27, 2003
Secretary of State

Entity Name: EAST HILLSBOROUGH INDEPENDENT SCHOOL PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

1109 W. GRANT STREET
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

1109 W. GRANT STREET
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 59-3761210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATES, ELIZABETH
914 RIVER RAPIDS AVENUE
BRANDON, FL 33511

Name and Address of New Registered Agent:

HOWARD, HENRY
1904 MASTERS WAY
PLANT CITY, FL 33566

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: HENRY HOWARD

01/27/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCALLISTER, LINDA J
Address: P.O. BOLX 640
City-St-Zip: PLANT CITY, FL 33654 US

Title: VDD () Delete
Name: RECHES, MARC
Address: 602 E. ALEXANDER STREET
City-St-Zip: PLANT CITY, FL 33566 US

Title: SD () Delete
Name: LEMASTERS, TAMARA
Address: 2304 WALDEN PLACE N.
City-St-Zip: PLANT CITY, FL 33567 US

Title: TD (X) Delete
Name: POPNOE, KATHY
Address: 2817 CLUBHOUSE DRIVE
City-St-Zip: PLANT CITY, FL 33567

Title: D (X) Delete
Name: HOWARD, HENRY D
Address: 1904 MASTERS WAY
City-St-Zip: PLANT CITY, FL 33567 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MALINOWSKI, ROBIN
Address: 1109 WEST GRANT STREET
City-St-Zip: PLANT CITY, FL 33566 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY HOWARD

PD

01/27/2003

Electronic Signature of Signing Officer or Director

Date