

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22169

1. Entity Name

EAST HILLSBOROUGH CUPIDETTES CLUB, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90022 028 ****70.00

Principal Place of Business

6907 SEAPORT AVE
TEMPLE TERRACE FL 33637
US

Mailing Address

P. O. BOX 1662
PLANT CITY FL 33564-1662
US

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

59-2848526

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

WRIGHT, BETTY J.
6907 SEAPORT AVE
TEMPLE TERRACE FL 33637

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 Betty J. Wright Betty J. Wright, President

Signature of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, BETTY J.	
STREET ADDRESS	6907 SEAPORT AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SWAIN, PAMELA Y.	
STREET ADDRESS	3306 N LAKE DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, SANDRA	
STREET ADDRESS	1601 E ALABAMA STREET, APT. #403	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	RS	<input type="checkbox"/> Delete
NAME	MARION, ELOISE B.	
STREET ADDRESS	823 SOUTH DELANEY AVENUE	
CITY-ST-ZIP	AVON PARK FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KITCHEN, CAROLYN A.	
STREET ADDRESS	2205 N JOHNSON STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WIGGINS, GARDENIA D	
STREET ADDRESS	1501 E TENNESSEE ST	
CITY-ST-ZIP	PLANT CITY FL	

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
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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 empowered.

(813) 272-5242

SIGNATURE: Betty J. Wright Betty J. Wright, Pres.

09/08/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)