

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N22169**

1. Entity Name

**EAST HILLSBOROUGH CUPIDETTES CLUB, INC.**

*P*

Principal Place of Business

Mailing Address

6907 SEAPORT AVE  
 TEMPLE TERRACE FL 33637  
 US

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

00100160



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

**59-2848526**

Applied For

Not Applicable

Zip Country Zip Country

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 9/8/00  
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**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	WRIGHT, BETTY J.	6907 SEAPORT AVE	TEMPLE TERRACE FL 33637				
VD	SWAIN, PAMELA Y.	3306 N LAKE DR	PLANT CITY FL 33567				
D	SULLIVAN, SANDRA	1601 E ALABAMA STREET, APT. #403	PLANT CITY FL				
RS	MARION, ELOISE B.	823 SOUTH DELANEY AVENUE	AVON PARK FL				
TD	KITCHEN, CAROLYN A.	2205 N JOHNSON STREET	PLANT CITY FL				
SD	WIGGINS, GARDENIA D	1501 E TENNESSEE ST	PLANT CITY FL				

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)