

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22169

1. Entity Name

EAST HILLSBOROUGH CUPIDETTES CLUB, INC.

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

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 12, 2001, 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
NAME WRIGHT, BETTY J.
STREET ADDRESS 6907 SEAPORT AVE
CITY-ST-ZIP TEMPLE TERRACE FL 33637 ☐ Delete

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

TITLE VD
NAME SWAIN, PAMELA Y.
STREET ADDRESS 3306 N LAKE DR
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Delete

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

TITLE D
NAME SULLIVAN, SANDRA
STREET ADDRESS 1601 E ALABAMA STREET, APT. #403
CITY-ST-ZIP PLANT CITY FL ☐ Delete

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

TITLE RS
NAME MARION, ELOISE B.
STREET ADDRESS 823 SOUTH DELANEY AVENUE
CITY-ST-ZIP AVON PARK FL ☐ Delete

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

TITLE TD
NAME KITCHEN, CAROLYN A.
STREET ADDRESS 2205 N JOHNSON STREET
CITY-ST-ZIP PLANT CITY FL ☐ Delete

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

TITLE SD
NAME WIGGINS, GARDENIA D
STREET ADDRESS 1501 E TENNESSEE ST
CITY-ST-ZIP PLANT CITY FL ☐ Delete

TITLE ☐ Change ☐ 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: *Betty J. Wright* *Betty J. Wright, President 8/28/01 (813)272-5242*

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90025 017 ****70.00



DO NOT WRITE IN THIS SPACE

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