

2001 UNIFORM BUSINESS REPORT (UBR)

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

0011080

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

TITLE: **PD** Delete
 NAME: **WRIGHT, BETTY J.**
 STREET ADDRESS: **6907 SEAPORT AVE**
 CITY-ST-ZIP: **TEMPLE TERRACE FL 33637**

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: Change Addition
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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**

CR2E037 (5/01)