

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90030 021 ****70.00

DOCUMENT # N22169

1. Entity Name

EAST HILLSBOROUGH CUPIDETTES CLUB, INC.

Principal Place of Business

Mailing Address

**6907 SEAPORT AVE
 TEMPLE TERRACE FL 33637
 US**

**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

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*

Signature type or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

4/26/02
 DATE

FILE NOW: FEE IS \$61.25

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	
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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.

SIGNATURE:

Betty J. Wright, Betty J. Wright, Pres. *4/26/02* *(813) 272-5242*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)