

# 2002 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

*Betty J. Wright, Betty J. Wright, President*

Signature typed or printed name of registered agent and title if 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 ☐ Delete  
NAME WRIGHT, BETTY J.  
STREET ADDRESS 6907 SEAPORT AVE  
CITY-ST-ZIP TEMPLE TERRACE FL 33637

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

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

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

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

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

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

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

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

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

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

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, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)