

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0012021

DOCUMENT # N22169

1. Entity Name

EAST HILLSBOROUGH CUPIDETTES CLUB, INC.



FILED

03 OCT 10 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida 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 000023341340
STREET ADDRESS 09/25/03--01074--008
CITY-ST-ZIP **70.50

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, Dir. 9-2-03 (813)272-5242

CR2E037 (4/03)