

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060783

1. Entity Name

EAST HILLSBOROUGH INDEPENDENT SCHOOL, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90003 022 ***150.00

Principal Place of Business

Mailing Address

1109 WEST GRANT STREET
 PLANT CITY FL 33567

1904 MASTERS WAY
 PLANT CITY FL 33567-5700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3457971

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, HENRY
 1904 MASTERS WAY
 PLANT CITY FL 33567

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 _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME P
 STREET ADDRESS HOWARD, JEANETTE
 CITY-ST-ZIP 1904 MASTERS WAY
 PLANT CITY FL 33567

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VP
 STREET ADDRESS HOWARD, HENRY
 CITY-ST-ZIP 1904 MASTERS WAY
 PLANT CITY FL 33567

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ST
 STREET ADDRESS BABBITT, BARBARA
 CITY-ST-ZIP 1904 MASTERS WAY
 PLANT CITY FL 33567

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS Robin Malinowski
 CITY-ST-ZIP 1904 Masters Way
 Plant City, FL 33567

TITLE Change Addition
 NAME D
 STREET ADDRESS Robin Malinowski
 CITY-ST-ZIP 1904 Masters Way
 Plant City, FL 33567

TITLE Delete
 NAME D
 STREET ADDRESS Elton Babbitt
 CITY-ST-ZIP 1904 Masters Way
 Plant City FL 33567

TITLE Change Addition
 NAME D
 STREET ADDRESS Elton Babbitt
 CITY-ST-ZIP 1904 Masters Way
 Plant City, FL 33567

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2000

Date

813 719 6449

Daytime Phone #

X108

CR2E034 (9/99)