

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000060783

1. Entity Name
 EAST HILLSBOROUGH INDEPENDENT SCHOOL, INC.

Principal Place of Business
 1109 WEST GRANT STREET
 PLANT CITY FL 33567

Mailing Address
 1904 MASTERS WAY
 PLANT CITY FL 33567

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3457971
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HOWARD HENRY
 1904 MASTERS WAY
 PLANT CITY FL 33567
 US

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 **HENRY HOWARD**
 Signature, typed or printed name of registered agent and title if applicable.

04/06/2001
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE D	<input type="checkbox"/> Delete
NAME BABBITT ELTON	
STREET ADDRESS 1904 MASTERS WAY	
CITY-ST-ZIP PLANT CITY FL 33567	
TITLE D	<input type="checkbox"/> Delete
NAME MALINOWSKI ROBIN	
STREET ADDRESS 1904 MASTERS WAY	
CITY-ST-ZIP PLANT CITY FL 33567	
TITLE ST	<input type="checkbox"/> Delete
NAME BABBITT BARBARA	
STREET ADDRESS 1904 MASTERS WAY	
CITY-ST-ZIP PLANT CITY FL 33567	
TITLE VP	<input type="checkbox"/> Delete
NAME HOWARD HENRY	
STREET ADDRESS 1904 MASTERS WAY	
CITY-ST-ZIP PLANT CITY FL 33567	
TITLE P	<input type="checkbox"/> Delete
NAME HOWARD JEANNETTE	
STREET ADDRESS 1904 MASTERS WAY	
CITY-ST-ZIP PLANT CITY FL 33567	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	

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: **Henry Howard**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

vp **04/06/2001**
 Date

Daytime Phone #

CR2E034 (11/00)