2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000060783

Entity Name: EAST HILLSBOROUGH INDEPENDENT SCHOOL, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	GRANT STRI Y, FL 33567	EET		
Current Mailing Address:			New Mailing Address:	
1904 MAST PLANT CIT	ERS WAY Y, FL 33567			
FEI Number: 5	59-3457971	FEI Number Applied For () FEI Number Applied For ()	mber Not Applicable ()	Certificate of Status Desired ()
Name and A	Address of Cu	rrent Registered Agent:	Name and Address o	f New Registered Agent:
HOWARD, 1904 MAST PLANT CIT		US		
The above r in the State		ubmits this statement for the purpose of	of changing its registered	d office or registered agent, or both,
SIGNATUR	Ξ :			
	Electronic	Signature of Registered Agent		Date
		satisfy its Intangible Tax filing requirement : Trust Fund Contribution ().	and elects to do so (X).	
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:
Title:	P ()[
Name: Address: City-St-Zip:	HOWARD, JEAN 1904 MASTERS PLANT CITY, FL	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition
Address:	HOWARD, JEAN 1904 MASTERS PLANT CITY, FL	ETTE WAY 33567 Delete Y WAY	Name: Address:	() Change () Addition () Change () Addition
Address: City-St-Zip: Title: Name: Address:	HOWARD, JEAN 1904 MASTERS PLANT CITY, FL VP () [HOWARD, HENR 1904 MASTERS PLANT CITY, FL	ETTE WAY 33567 Delete Y WAY 33567 Delete RRA WAY	Name: Address: City-St-Zip: Title: Name: Address:	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	HOWARD, JEAN 1904 MASTERS PLANT CITY, FL VP ()[HOWARD, HENR 1904 MASTERS PLANT CITY, FL ST ()[BABBITT, BARB/ 1904 MASTERS PLANT CITY, FL	ETTE WAY 33567 Delete Y WAY 33567 Delete kRA WAY 33567 Delete OBIN WAY	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY HOWARD VP 04/29/2002