

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90237 045 ****70.00

DOCUMENT # 735700

1. Entity Name

MEALS ON WHEELS OF TAMPA, INC.

Principal Place of Business

Mailing Address

550 W. HILLSBOROUGH AVE.
 TAMPA FL 33603-302
 US

550 W. HILLSBOROUGH AVE.
 TAMPA FL 33603-302
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1679915

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

JESKE, PAUL
1904 E. BUSCH BLVD.
TAMPA FL 33612

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 _____

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 Delete
 NAME **SD**
 STREET ADDRESS **GOODSON, MARGARET**
 CITY-ST-ZIP **1416 E HANNA AVE**
TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **COCHRAN, SUSIE**
 CITY-ST-ZIP **319 FERN CLIFF AVE**
TEMPLE TERRACE FL 33617

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PP**
 STREET ADDRESS **ROBBINS, MARY BAKER**
 CITY-ST-ZIP **1911 RICHARDSON PLACE**
TAMPA FL 33606

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ED**
 STREET ADDRESS **CARTER, MARILYN**
 CITY-ST-ZIP **550 W. HILLS BOROUGH AVENUE**
TAMPA FL 33603

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
 STREET ADDRESS **MCKAY, JOAN**
 CITY-ST-ZIP **3408 ALMERIA**
TAMPA FL 33629

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
 STREET ADDRESS **JESKE, PAUL**
 CITY-ST-ZIP **1904 E BUSCH BLVD.**
TAMPA FL

TITLE Change Addition
 NAME **VP**
 STREET ADDRESS **MARSHALL, JOHN**
 CITY-ST-ZIP **2028 7TH AVE**
TAMPA, FL 33605

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073(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: _____

SIGNATURE **JOAN MCKAY** **EXEC DIRECTOR** 1/15/01 813-238-8410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)