

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90370 011 \*\*\*\*61.25

**DOCUMENT # 726999**

1. Entity Name

**SEBRING "MEALS ON WHEELS", INC.**

Principal Place of Business

**3011 KENILWORTH BLVD  
SEBRING FL 33870**

Mailing Address

**3011 KENILWORTH BLVD  
SEBRING FL 33870**

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

**59-1463626**

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

**CLIFFORD, ABLES III M  
551 S COMMERCE AVE  
SEBRING FL 33870**

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 **D** ☐ Delete  
NAME **ROBERSON, ISADORE**  
STREET ADDRESS **3321 VALERIE BLVD**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **Vice President/Director** ☒ Change ☐ Addition  
NAME **Bobbie G. Graham**  
STREET ADDRESS **317 E. Main St, Apt 2**  
CITY-ST-ZIP **Avon Park, FL 33825**

TITLE **PD** ☐ Delete  
NAME **BUDDE, HAROLD**  
STREET ADDRESS **3001 JOHN L STREET**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☒ Delete  
NAME **HORROM, MARWIN**  
STREET ADDRESS **320 LARK AVE**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **THIELE, LOIS**  
STREET ADDRESS **2340 W JACKSON ST**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **KERN, RICHARD**  
STREET ADDRESS **317 THRUSH AVE**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **ROBERSON, ISADORE**  
STREET ADDRESS **3321 VALERIE BLVD**  
CITY-ST-ZIP **AVON PARK FL 33825**

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: *Richard G. Kern* (Richard L. Kern) Treasurer 9 Jan 02 863.386.4276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)