

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 525628

1. Entity Name

CATERERS OF TAMPA, INC.

Principal Place of Business

8300 N. NEBRASKA AVE.
TAMPA FL 33604-3107

Mailing Address

8300 N. NEBRASKA AVE.
TAMPA FL 33604-3107

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

59-1721796

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

HATER, JOHN MICHAEL

8300 NEBRASKA AVE
TAMPA FL 33604

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 VD ☐ Delete
NAME PITOCHELLI ROBERT
STREET ADDRESS 2827 FOREST MILL LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ Delete
NAME HATER, JAMES P
STREET ADDRESS CHARLEVOIX 400 MARTIN RD
CITY-ST-ZIP CHARLEVOIX MI

TITLE PD ☐ Delete
NAME HATER, JOHN M.
STREET ADDRESS 1508 S. TRASK ST.
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ Delete
NAME BIDWILL, C.W. JR
STREET ADDRESS 911-SUNSET-ROAD
CITY-ST-ZIP WINNETKA IL

TITLE SD ☐ Delete
NAME HEILE, JOHN D
STREET ADDRESS 554 DAVENPORT AVE
CITY-ST-ZIP CINCINNATI OH

TITLE ATD ☐ Delete
NAME JOHNSTON, JR, WILLIAM
STREET ADDRESS 8901 COUNTY LINE RD.
CITY-ST-ZIP HINSDALE IL

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

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

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

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

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90154 005 ***150.00

00008146



DO NOT WRITE IN THIS SPACE

CR02021 1/0/00