

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 525628

1. Entity Name

CATERERS OF TAMPA, INC.

Principal Place of Business

Mailing Address

8300 N. NEBRASKA AVE.
TAMPA FL 33604-3107

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, 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	VD	<input type="checkbox"/> Delete
NAME	PITOCHELLI ROBERT	
STREET ADDRESS	2827 FOREST MILL LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HATER, JAMES P	
STREET ADDRESS	CHARLEVOIX 400 MARTIN RD	
CITY-ST-ZIP	CHARLEVOIX MI	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HATER, JOHN M.	
STREET ADDRESS	1508 S. TRASK ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BIDWILL, C.W. JR	
STREET ADDRESS	911 SUNSET ROAD	
CITY-ST-ZIP	WINNETKA IL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEILE, JOHN D	
STREET ADDRESS	554 DAVENPORT AVE	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	JOHNSTON, JR, WILLIAM	
STREET ADDRESS	8901 COUNTY LINE RD.	
CITY-ST-ZIP	HINSDALE IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT E HATER II	
STREET ADDRESS	1330 NEEB ROAD	
CITY-ST-ZIP	CINCINNATI, OH 45233	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIDWILL, C.W. JR.	
STREET ADDRESS	22 REGENT WOOD ROAD	
CITY-ST-ZIP	NORTH FIELD, IL 60093	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90118 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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