

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90037 008 ***150.00

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

34003502



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-1721796

Applied For
Not Applicable

Zip Country

Zip Country

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME BIDWILL, C W JR
STREET ADDRESS 22 REGENT WOOD RD
CITY-ST-ZIP NORTH FIELD, IL 60093

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33629-5533

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 22 Regent Wood Road
CITY-ST-ZIP Northfield, IL 60093

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 45204-1361

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Burr Ridge, IL
CITY-ST-ZIP 60527

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 607, 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

John M. Hater
JOHN M. HATER, PRESIDENT

2/13/04

813 932-4313

Date

Daytime Phone #