

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90495 033 ***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**

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
NAME	BIDWILL, C W JR	
STREET ADDRESS	22 REGENT WOOD RD	
CITY-ST-ZIP	NORTH FIELD IL 60093	
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	

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 813-932 4313

Date

Daytime Phone #

CR2E034 (10/02)