

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90027 032 \*\*\*\*61.25

0051598

**DOCUMENT # 722362**

1. Entity Name

**COMMUNITY MOBILE MEALS OF SARASOTA COUNTY, INC.**

Principal Place of Business

Mailing Address

421 LIME AVE.  
~~P.O. BOX 786~~  
 SARASOTA FL 34236-4116  
 US

P. O. BOX 178  
 SARASOTA FL 34230-0786  
 US

2. Principal Place of Business

3. Mailing Address

**421 LIME AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

4. FEI Number

**59-1391249**

Applied For

Not Applicable

Zip

**34236**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**T. RAYMOND SUPLEE**  
**1770 WOOD ST.**  
**SARASOTA FL. FL 34236**

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  Delete  
 NAME **PD MORRIS, WILLIAM S III**  
 STREET ADDRESS **1770 WOOD ST.**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD CLARK, JAMES R**  
 STREET ADDRESS **1770 WOOD ST**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD DILLARD, BRIDGET**  
 STREET ADDRESS **1770 WOOD ST**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME **VPD SHEERWOOD, BURT**  
 STREET ADDRESS **1770 WOOD ST.**  
 CITY-ST-ZIP **SARASOTA, FL**

TITLE  Delete  
 NAME **S TRAYNOR, JANET**  
 STREET ADDRESS **1770 WOOD ST**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*J. Clark*  
**REQUIRE CLARK**

**1/30/02**

**941/366-6693**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)