

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 766620

FILED
Jan 10, 2002 8:00 AM
Secretary of State

Entity Name: THE HARRY CHAPIN FOOD BANKS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

2126 ALICIA ST
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2126 ALICIA ST
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 59-2332120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOTCHFORD, A.K. HAWLEY
6789 CARMELLE DR
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PORTER, LORIE
Address: 2139 SW 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33991

Title: TD () Delete
Name: WOLDE, KEN
Address: 8366 CHARTER CLUB CIR #2101
City-St-Zip: FORT MYERS, FL 33919

Title: ED () Delete
Name: BOTCHFORD, HAWLEY
Address: 6789 CARMELLE DR
City-St-Zip: FT. MYERS, FL 33919

Title: PVD () Delete
Name: HILL, TYLER
Address: 6342 MARK LANE
City-St-Zip: FT. MYERS, FL 33912

Title: PD () Delete
Name: FREEMAN, YALE
Address: 153 W AVE
City-St-Zip: NAPLES, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: PORTER, KAREN
Address: 1995 ROSEATE LANE
City-St-Zip: SANIBEL, FL 33957

Title: TD (X) Change () Addition
Name: SCHICK, LELAND
Address: 7640 TWIN EAGLE LANE
City-St-Zip: FORT MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PVD (X) Change () Addition
Name: KLEIN, DAVID DR.
Address: 1820 JAMAICA WAY
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A.K. HAWLEY BOTCHFORD

ED

01/10/2002

Electronic Signature of Signing Officer or Director

Date