

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/9

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91184 030 \*\*\*\*61.25

**DOCUMENT # N34875**

1. Entity Name

**MEALS ON WHEELS, ETC., INC.**

Principal Place of Business

Mailing Address

1097 SAND POND ROAD  
 LAKE AMRY FL 32746  
 US

1097 SAND POND ROAD  
 LAKE MARY FL 32746  
 US

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

**59-2977907**

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

~~BOWEN, ROGER D - Robert Kmetz~~  
~~% GREENE, DYKUS & CO., P.A.~~  
~~205 N ELM AVE~~  
~~SANFORD FL 32771~~

Name  
**Gene Gunther - Meals on Wheels, Etc., Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1097 Sand Pond Road**  
**Lake Mary**  
 City  
**FL** Zip Code  
**32746**

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)

**3/19/02**  
 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  
 NAME **PD OVERBY, BRIAN** ☐ Delete  
 STREET ADDRESS **111 N ORANGE AVE STE 600**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE  
 NAME **Past President** ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **D FINCHER, SHERRY** ☐ Delete  
 STREET ADDRESS **1097 SAND POND ROAD**  
 CITY-ST-ZIP **LAKE MARY FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **1VP ROBBINS, REGGIE** ☒ Delete  
 STREET ADDRESS **400 E HIGHWAY 436 STE 208**  
 CITY-ST-ZIP **CASSELBERRY FL**

TITLE  
 NAME **1st Vice-President James Keeter - D** ☒ Change ☐ Addition  
 STREET ADDRESS **P. O. Box 4979**  
 CITY-ST-ZIP **Orlando, FL 32802-4979**

TITLE  
 NAME **2VP LIND, DALE - D** ☐ Delete  
 STREET ADDRESS **445 WATERMAN AVENUE**  
 CITY-ST-ZIP **MT. DORA FL 32757**

TITLE  
 NAME **President** ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **STD KEETER, JAMES W** ☐ Delete  
 STREET ADDRESS **P.O. BOX 4979**  
 CITY-ST-ZIP **ORLANDO FL 32802-4979**

TITLE  
 NAME **STD Mary Lou Andrews - D** ☒ Change ☒ Addition  
 STREET ADDRESS **1962 Crystal Downs Court**  
 CITY-ST-ZIP **Oviedo, FL 32765**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **2nd Vice-President David Billsborough - D** ☐ Change ☒ Addition  
 STREET ADDRESS **1121 Edgewater Drive**  
 CITY-ST-ZIP **Orlando, FL 32804-6363**

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:**

**SIGNATURE REQUIRED** Sherry Fincher

**3/13/02**

**407-333-8877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)