

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38899

1. Entity Name

MEALS ON WHEELS OF LEHIGH ACRES, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90171 039 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9 BETH STACEY BLVD. SUITE 205 LEHIGH ACRES FL 33936 US	Mailing Address 9 BETH STACEY BLVD. SUITE 205 LEHIGH ACRES FL 33936-6043 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0212423	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FREEMAN, FRANCIS PD 6941 CIRCLE DR #2 FT MEYERS FL 33905
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREEMAN, FRANCES 6941 CIRCLE DR FT MEYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BEMIS, PAUL F. 9693 BAYCREST TER LEHIGH ACRES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, LILA 122 DANA CIR LEHIGH ACRES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, LEANORA M. 502 GERALD AVE LEHIGH ACRES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKER, LYNN 109 HOLLYWOOD ST LEHIGH ACRES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ANN LEACOCK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1401 ARCHER ST. LEHIGH ACRES. FL. 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. NORMA MOLL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1404 ARCHER ST. LEHIGH ACRES. FL. 33972.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ROBERT RIENDEAU <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9689 BAYCREST TERR. LEHIGH ACRES. FL. 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LIZ EILE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2321 NARCISSUS CT. LEHIGH ACRES. FL. 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PARKER, LYNN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 109 HOLLYWOOD ST. LEHIGH ACRES. FL. 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. RRAINE KYEWKONG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8 WELLINGTON AVE. LEHIGH ACRES. FL. 33972.

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: FRANCES FREEMAN, PRESIDENT (941)
Date: FEB 8, 2000 Daytime Phone #: 693-1976

CR2E037 (9/99)