

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38899

1. Entity Name

MEALS ON WHEELS OF LEHIGH ACRES, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90116 048 ****61.25

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
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 **65-0212423**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FREEMAN, FRANCIS PD
6941 CIRCLE DR
#2
FT MEYERS FL 33905

7. Name and Address of New Registered Agent

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

| | | |
|--|--|--|
| 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 checked="" 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 | D PARKER, LYNN 109 HOLLYWOOD ST LEHIGH ACRES FL 33922 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEACOCK, ANN 1401 ARCHER ST LEHIGH ACRES FL 33972 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NORMA HOLL 1404 ARCHER ST. LEHIGH ACRES. FL. 33971 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DLIZ ELIF 2321 NARCISSUS CT. LEHIGH ACRES. FL. 33971 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ROBERT RIENDEAU 9689 BAYCREST TERR LEHIGH ACRES. FL. 33936 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LORRAINE LYEWKONG 8 WELLINGTON AVE LEHIGH ACRES. FL. 33971 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-01

941-693-1976

Date

Daytime Phone #

CR2E037 (10/00)