

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90211 005 \*\*\*\*61.25

**DOCUMENT # N38899**

1. Entity Name

**MEALS ON WHEELS OF LEHIGH ACRES, INC.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**CALLAHAN, MICKEY**

Street Address (P.O. Box Number is Not Acceptable)

**408 HOLLYWOOD ST.**

City

**LEHIGH ACRES,**

**FL**

Zip Code

**33972**

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

*Mickey Callahan*

*1/24/2002*

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 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLL, NORMA 1404 ARCHER ST LEHIGH ACRES FL 33971	<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	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALLAHAN, MICKEY P 408 HOLLYWOOD ST. LEHIGH ACRES, FL. 33972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIENDEAU, ROBERT SD 9689 BAYCREST TERR. LEHIGH ACRES, FL. 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCDOWELL, JOE D 2203 ORCHID RD. LEHIGH ACRES, FL 33972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EILF, LIZ DVP 2321 NARCISSUS CT. LEHIGH ACRES, FL. 33972	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)