

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90169 007 ****61.25

DOCUMENT # N39168

1. Entity Name

MEALS ON WHEELS OF BONITA SPRINGS, FLORIDA, INC.



Principal Place of Business

**9751 BONITA BEACH RD
BONITA SPRINGS FL 34135
US**

Mailing Address

**P O BOX 3006
BONITA SPRINGS FL 34133
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 **65-0208852**

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

**FRIEDE, CHARLOTTE
4441 GREEN HERON CT
BONITA SPRINGS FL 34134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charlotte Friede*

Secretary

02-20-03

Signature (Typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent is not liable for filing)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **MCCLURE, JOE S**
STREET ADDRESS **9890 EL GRECO CIRCLE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **PD** ☐ Change ☒ Addition
NAME **PLUM, RICHARD**
STREET ADDRESS **28610 HIGHGATE DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **VD** ☒ Delete
NAME **LITTLE, EARL D**
STREET ADDRESS **25631 TAROCCO DR SE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **VD** ☐ Change ☒ Addition
NAME **ALAN COOPER**
STREET ADDRESS **28541 HIGHGATE DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **SD** ☒ Delete
NAME **FRIEDE, CHARLOTTE**
STREET ADDRESS **752 WIGGINS LAKE DR #102**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **SD** ☒ Change ☒ Addition
NAME **FRIEDE, CHARLOTTE**
STREET ADDRESS **4441 GREEN HERON CT**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **D** ☐ Delete
NAME **REYNOLDS, DOROTHY M**
STREET ADDRESS **26951 LEPORT**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCPHERSON, MARIE E**
STREET ADDRESS **28275 DUCHESS LANE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TRUMP, DOROTHEA**
STREET ADDRESS **316 VIKING WAY**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Charlotte Friede*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-03 239-498 9778

CR2E037 (10/02)