

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90359 045 \*\*\*\*70.00

0063089

**DOCUMENT # N97000007076**

1. Entity Name

**DIAL-A-MEAL, INC.**

Principal Place of Business

Mailing Address

1446 GULF TO BAY BOULEVARD  
CLEARWATER FL 33756

1446 GULF TO BAY BOULEVARD  
CLEARWATER FL 33756

**818752**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*1725 So Missouri Ave* *1725 So Missouri*  
Suite, Apt. #, etc.

City & State

City & State

*Clearwater FLA* *Clearwater FLA*

Zip  
*33754*

Country  
*U.S.A.*

Zip  
*33754*

Country  
*U.S.A.*

4. FEI Number

**59-2894851**

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

**MANNION, ELIZABETH R**  
**1150 CLEVELAND ST., SUITE 300**  
**CLEARWATER FL 33755**

Name *Robyn E. Lucky*  
Street Address (P.O. Box Number is Not Acceptable)  
*1504 Nursery Rd.*

City *Clearwater*

**FL**

Zip Code  
*33756*

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 *Robyn E. Lucky* *Robyn E. Lucky*  
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	<b>D</b> <b>FRY, DOLORES M</b> <b>1218 COURT ST., SUITE A</b> <b>CLEARWATER FL 33756</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRY, ROBERT B</b> <b>1218 COURT ST., SUITE A</b> <b>CLEARWATER FL 33756</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUCKY, ROBYN E</b> <b>1446 GULF TO BAY BOULEVARD</b> <b>CLEARWATER FL 33756</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YORK, ALAN D</b> <b>3432 YALE CIRCLE</b> <b>RIVERVIEW FL 33569</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>George Barnett</i> <i>13405 Boca Ceja Ave</i> <i>Moultrie Bch, FL 33708</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Frank S. Lucky</i> <i>1504 Nursery Rd</i> <i>Clwt, FLA 33754</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Brian Boylan</i> <i>600 Bypass Dr. #104</i> <i>Clwt, FLA 34624</i>	<input checked="" 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
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: *Robyn E. Lucky* *Robyn E. Lucky* *3/30/01* *727-585-9831*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)