

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006925

1. Entity Name

NO MORE HUNGER, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90083 021 ****61.25

Principal Place of Business

4888 DAVIS BLVD., PMB #101
NAPLES FL 34104

Mailing Address

4888 DAVIS BLVD., PMB #101
NAPLES FL 34104

2. Principal Place of Business

3571 12th Avenue N.E.

Suite, Apt. #, etc.

3. Mailing Address

3571 12th Avenue N.E.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

34120

Country

U.S.A.

Zip

34120

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEADOWS, MICHAEL D
4888 DAVIS BLVD., PMB #101
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name
Meadows, Michael D.
Street Address (P.O. Box Number is Not Acceptable)
3571 12th Avenue N.E.
City
Naples FL Zip Code
34120

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

Michael D. Meadows
Signature, typed or printed name of registered agent and title if applicable.

Michael D. Meadows, President
(NOTE: Registered Agent signature required when reinstating)

5-1-2000

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	D	<input type="checkbox"/> Delete
NAME	MEADOWS, MICHAEL D	
STREET ADDRESS	4888 DAVIS BLVD., PMB #101	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEADOWS, LISA M	
STREET ADDRESS	4888 DAVIS BLVD., PMB #101	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEADOWS, BRANDIE M	
STREET ADDRESS	4888 DAVIS BLVD., PMB #101	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3571 12th Avenue N.E.	
CITY-ST-ZIP	Naples, FL 34120	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3571 12th Avenue N.E.	
CITY-ST-ZIP	Naples, FL 34120	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3571 12th Avenue N.E.	
CITY-ST-ZIP	Naples, FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael D. Meadows
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael D. Meadows, President 5-1-2000 941-732-8125
Date Daytime Phone #

CR2E037 (9/99)