

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000003021**

1. Entity Name

**MT. OLIVE COMMUNITY SERVICES CORPORATION**

Principal Place of Business

**2754 ORANGE STREET  
FORT MYERS FL 33916**

Mailing Address

**2754 ORANGE STREET  
FORT MYERS FL 33916**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0578834**

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

**STOCKTON, ALAN B REV.  
2754 ORANGE STREET  
FORT MYERS FL 33916**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
PIERCE, JUDY  
1727-3 PARK MEADOWS DR.  
FORT MYERS FL 33907** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCD  
WALKER, CHRIS  
2995 LAFAYETTE ST.  
FORT MYERS FL 33916** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
HARTNER, JUDITH  
11411 WATERFORD VILLAGE DR.  
FORT MYERS FL 33913** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BURNS, SHIRLEY  
913 SW 23RD ST.  
CAPE CORAL FL 33991** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ADAMS, NEAL JR.  
3109 DR. MARTIN LUTHER KING JR. BLVD.  
FORT MYERS FL 33916** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NEWTON, GERALD  
3920 MICHIGAN AVENUE  
FORT MYERS FL 33916** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*Alan B. Stockton**4/28/2001**941-278-0911***FILED  
May 15, 2001 8:00 am  
Secretary of State**

05-15-2001 90041 014 \*\*\*\*70.00

**764637**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)