

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90041 004 \*\*\*150.00

**DOCUMENT # 475124**  
 1. Entity Name  
**OLIVE BRANCH GROVE, INC.**

Principal Place of Business 3297 CR 664 BOWLING GREEN FL 33834 US	Mailing Address 3297 CR 664 BOWLING GREEN FL 33834 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1619272</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**MOEGERLE, JANE**  
**1846 EAST ORANGESIDE ROAD**  
**PALM HARBOR FL 34683**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	MOEGERLE, JANE S	
STREET ADDRESS	P.O. BOX 2314	
CITY-ST-ZIP	PALM HARBOR FL 34682-2314	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HERRON, CLAUDEENE	
STREET ADDRESS	3297 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, JOSEPH F	
STREET ADDRESS	3205 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOEGERLE, GEREN C	
STREET ADDRESS	P.O. BOX 2314	
CITY-ST-ZIP	PALM HARBOR FL 34682-2314	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRON, COHEN	
STREET ADDRESS	3297 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JOSEPHENE	
STREET ADDRESS	3205 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claudeene Herron **CLAUDEENE HERRON** 1-2-01 863-375-4438  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

