

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

Mailing Address

3297 CR 664
BOWLING GREEN FL 33834
US3297 CR 664
BOWLING GREEN FL 33834
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 **59-1619272**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MOEGERLE, JANE
1846 EAST ORANGESIDE ROAD
PALM HARBOR FL 34683

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/00)

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**

Date

1-2-01 863-375-4438

Daytime Phone #