

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" 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 checked="" 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	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEGERLE, JANE S.	
STREET ADDRESS	2241 RISING CREEK CT.	
CITY-ST-ZIP	DUNEDIN, FL. 34698	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEGERLE, GEREN C.	
STREET ADDRESS	2241 RISING CREEK CT.	
CITY-ST-ZIP	DUNEDIN, FL. 34698	
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:

Claird Herron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

Date

(863) 375-4438

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90066 034 ***150.00



DO NOT WRITE IN THIS SPACE

0597941 AT

CR2E034 (9/01)