

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004999

1. Entity Name

MOUNT OLIVE HOUSING & COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

201 RIDGE ROAD
TALLAHASSEE FL 32310

P.O. BOX 6364
TALLAHASSEE FL 32314

2. Principal Place of Business

3. Mailing Address

2531 South Adams

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32301

USA

4. FEI Number

59-3207891

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)

BARBER, KENNETH
201 RIDGE ROAD
TALLAHASSEE FL 32310

2531 South Adams

City

Tallahassee

FL

Zip Code

32301

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 PD
NAME BAKER, WILLIAM H III
STREET ADDRESS 308 WEST BREVARD STREET
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME BELLAMY, JIM
STREET ADDRESS 532 WEST GEORGIA STREET
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME SCOTT, DARRYL
STREET ADDRESS 612 WEST BREVARD STREET
CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

TITLE S
NAME Darrell Lawrence
STREET ADDRESS 551 West Carolina Street
CITY-ST-ZIP Tallahassee, FL 32301 ☐ Change ☒ Addition

TITLE T
NAME MACMILLAN, ALEXIS
STREET ADDRESS 319 NORTH MACOMB STREET
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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:

James A. Bellamy Vice-President

3-26-02 850.681-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0006428

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90887 044 ****70.00



DO NOT WRITE IN THIS SPACE