

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91343 008 \*\*\*\*70.00

**DOCUMENT # N94000005389**

1. Entity Name  
**MOUNT OLIVE DEVELOPMENT CORPORATION (MODCO)**

|  |  |
|--|--|
| Principal Place of Business<br><b>407 NW 9TH AVE<br/>         STE 1<br/>         FT. LAUDERDALE FL 33311<br/>         US</b> | Mailing Address<br><b>407 NW 9TH AVE<br/>         STE 1<br/>         FT. LAUDERDALE FL 33311<br/>         US</b> |
|--|--|

*C0028494*



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>65-0548855</b>                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
**TAYLOR, NORMAN E  
 407 NW 9TH AVE  
 SUITE 1  
 FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

|  |           |          |
|--|-----------|----------|
| Name   |           |          |
| Street Address (P.O. Box Number is Not Acceptable) |           |          |
| City   | <b>FL</b> | 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: *Norman E. Taylor* DATE: *2/26/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                     |  |                                    |  |
|-------------------------------------|--|------------------------------------|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HUDSON, L. JAMES</b><br><b>407 NW 9TH AVE, STE 1</b><br><b>FT. LAUDERDALE FL 33311</b> <input checked="" type="checkbox"/> Delete                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BLACK, FREDERICK JR</b><br><b>407 NW 9TH AVE, STE 1</b><br><b>FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HUNTER, WALTON</b><br><b>407 NW 9TH AVE, STE 1</b><br><b>FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete<br><b>FIELDS, HENRY</b><br><b>407 NW 9TH AVE, STE 1</b><br><b>FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MCCOMBS, LEON II</b><br><b>407 NW 9TH AVE, STE 1</b><br><b>FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete<br><b>WEST, CHARLES</b><br><b>407 NW 9TH AVE, STE 1</b><br><b>FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>M - Executive Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Arthur L. Jackson</b><br><b>407 NW 9th Avenue, Ste 1</b><br><b>Fort Lauderdale Fla 33311</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T - Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Sylvia Carroll</b><br><b>407 NW 9th Avenue</b><br><b>Fort Lauderdale, FL 33311</b>                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice - Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S - Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Norman E. Taylor* DATE: *2/26/01* DAYTIME PHONE #: *954 357 6155*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment Doc# N1940000005389

C0028494

**MODCO'S BOARD OF DIRECTORS**

| NAME  | TITLE         |
|---|---------------|
| NORMAN E. TAYLOR<br>(Executive Committee-Chair) | Chairman      |
| HENRY D. FIELDS                                 | Vice Chairman |
| SYLVIA C. CARROLL<br>(Finance Committee-Chair)  | Treasurer     |
| CHUCK WEST<br>(Real Property-Chair)             | Secretary     |
| LEON J. McCOMBS II                              | Chaplain      |
| WALTON HUNTER<br>(Human Services-Chair)         | Board Member  |
| FREDERICK D. BLACK, JR.                         | Board Member  |
| MEREDITH E. McCLEARY                            | Board Member  |
| DORSEY C. MILLER                                | Board Member  |
| FRANKIE THOMAS                                  | Board Member  |
| EUGENE PETTIS                                   | Legal Counsel |

