

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90700 014 \*\*\*\*61.25

**DOCUMENT # N94000005389**

1. Entity Name

**MOUNT OLIVE DEVELOPMENT CORPORATION (MODCO)**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 407 NW 9TH AVE STE 1 FT. LAUDERDALE FL 33311 US	Mailing Address 407 NW 9TH AVE STE 1 FT. LAUDERDALE FL 33311 US
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2. Principal Place of Business 401 N.W. 9th Avenue Suite, Apt. #, etc.	3. Mailing Address 401 N.W. 9th Avenue Suite, Apt. #, etc.
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City & State Ft. Laud., Fl 33311	City & State Ft. Laud., Fl 33311
Zip	Country

4. FEI Number <b>65-0548855</b>	Applied For Not Applicable
5. Certificate of Status Desired <input 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)  
**401 N.W. 9th Avenue**  
City  
**Ft. Lauderdale** FL Zip Code  
**33311**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MED</b> <b>JACKSON, ARTHUR L</b> <b>407 NW 9TH AVE, STE 1</b> <b>FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLACK, FREDERICK JR</b> <b>407 NW 9TH AVE, STE 1</b> <b>FT. LAUDERDALE FL 33311</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNTER, WALTON</b> <b>407 NW 9TH AVE, STE 1</b> <b>FT. LAUDERDALE FL 33311</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>FIELDS, HENRY</b> <b>407 NW 9TH AVE, STE 1</b> <b>FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCOMBS, LEON II</b> <b>407 NW 9TH AVE, STE 1</b> <b>FT. LAUDERDALE FL 33311</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WEST, CHARLES</b> <b>407 NW 9TH AVE, STE 1</b> <b>FT. LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MED</b> <b>Jackson, Arthor L.</b> <b>401 N.W. 9th Avenue</b> <b>Ft. Lauderdale, Fl 33311</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Allen, Jonathan</b> <b>401 N.W. 9th Avenue</b> <b>Ft. Lauderdale, Florida 33311</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Brown, Rolane</b> <b>401 N.W. 9th Avenue</b> <b>Ft. Lauderdale, Florida 33311</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>401 N.W. 9th Avenue</b> <b>FT. Lauderdale, Florida 33311</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Thomas, Frankie</b> <b>401 N.W. 9th Avenue</b> <b>Ft. Lauderdale, Florida 33311</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>401 N.W. 9th Avenue</b> <b>Ft. Lauderdale, Florida 33311</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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UC030312  
CR2E037 (9/01)