

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

UBR00000

05-05-2003 90216 044 \*\*\*\*61.25

**DOCUMENT # N94000005389**

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



Principal Place of Business  
**401 NW 9TH AVENUE  
FT. LAUDERDALE FL 33311  
US**

Mailing Address  
**401 NW 9TH AVENUE  
FT. LAUDERDALE FL 33311  
US**

2. Principal Place of Business Suite, Apt. #, etc.  
City & State

3. Mailing Address Suite, Apt. #, etc.  
City & State

Zip Country Zip Country

4. FEI Number **65-0548855** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**TAYLOR, NORMAN E  
401 NW 9TH AVENUE  
FT. LAUDERDALE FL 33311**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JACKSON, ARTHUR L</b>	
STREET ADDRESS	<b>401 NW 9TH AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALLEN, JONATHAN</b>	
STREET ADDRESS	<b>401 NW 9TH AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, ROLANE</b>	
STREET ADDRESS	<b>401 NW 9TH AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>FIELDS, HENRY</b>	
STREET ADDRESS	<b>401 NW 9TH AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS, FRANKIE</b>	
STREET ADDRESS	<b>401 NW 9TH AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WEST, CHARLES</b>	
STREET ADDRESS	<b>401 NW 9TH AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OSGOOD, ROSALIND D.</b>	
STREET ADDRESS	<b>1819 N.W. 3RD COURT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33311</b>	
TITLE	<b>WILLIAMS, SAMUEL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, SAMUEL</b>	
STREET ADDRESS	<b>12676 NW 6TH DRIVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL</b>	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MONROE, JAMES W</b>	
STREET ADDRESS	<b>12600 N.W. 65th DR</b>	
CITY-ST-ZIP	<b>PARKLAND, FL 33076</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>720 CYPRESS</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33027</b>	

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: *[Handwritten Signature]*

4/30/03

CR2E037 (10/02)