

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000003021**

1. Entity Name

MT. OLIVE COMMUNITY SERVICES CORPORATION

Principal Place of Business

**2754 ORANGE STREET
FORT MYERS FL 33916**

Mailing Address

**2754 ORANGE STREET
FORT MYERS FL 33916**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1727-3 Park Meadows Dr.**Fort Myers, Florida****33907****USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0578834**Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STOCKTON, ALAN B REV.
2754 ORANGE STREET
FORT MYERS FL 33916**

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

FILE NOW: FEE IS \$61.259. 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 **CD** ☐ Delete
NAME **PIERCE, JUDY**
STREET ADDRESS **1727-3 PARK MEADOWS DR.**
CITY-ST-ZIP **FORT MYERS FL 33907**TITLE **VCD** ☐ Delete
NAME **WALKER, CHRIS**
STREET ADDRESS **2995 LAFAYETTE ST.**
CITY-ST-ZIP **FORT MYERS FL 33916**TITLE **SD** ☐ Delete
NAME **HARTNER, JUDITH**
STREET ADDRESS **11411 WATERFORD VILLAGE DR.**
CITY-ST-ZIP **FORT MYERS FL 33913**TITLE **TD** ☐ Delete
NAME **BURNS, SHIRLEY**
STREET ADDRESS **913 SW 23RD ST.**
CITY-ST-ZIP **CAPE CORAL FL 33991**TITLE **D** ☒ Delete
NAME **ADAMS, NEAL JR.**
STREET ADDRESS **3109 DR. MARTIN LUTHER KING JR. BLVD.**
CITY-ST-ZIP **FORT MYERS FL 33916**TITLE **D** ☐ Delete
NAME **NEWTON, GERALD**
STREET ADDRESS **3920 MICHIGAN AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33916**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

Judy A. Pierce 4/11/2002 (239) 278-0917
Chairman

Date

Daytime Phone #

CR2E037 (9/01)